



HEALTH CARE AND HUMAN SERVICES POLICY, RESEARCH, AND CONSULTING—WITH REAL-WORLD PERSPECTIVE.

Considerations for Researchers Using MAX Data

For Researchers using the Centers for Medicare & Medicaid Services' Chronic Condition Data Warehouse (CCW)

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List of Acronyms

ABD	Aged, Blind, or Disabled
AFDC	Aid to Families with Dependent Children
APC	Ambulatory Payment Classification
APG	Ambulatory Patient Groups
CCW	Chronic Condition Data Warehouse
CHIP	Children’s Health Insurance Program
CLTC	Community-Based Long-Term Care
CMS	Centers for Medicare & Medicaid Services
DRG	Diagnosis Related Groups
EAPG	Enhanced Ambulatory Patient Groups
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
FPL	Federal Poverty Level
FFS	Fee-for-Service
FQHC	Federally Qualified Health Center
HCBS	Home and Community-Based Services
MAX	Medicaid Analytic eXtract
MCO	Managed Care Organization
MMIS	Medicaid Management Information Systems
MSIS	Medicaid Statistical Information System
PBM	Pharmacy Benefit Manager
PCCM	Primary Care Case Management
RHC	Rural Health Clinic
SSI	Supplemental Security Income
TANF	Temporary Assistance for Needy Families

1. Introduction

This overview provides background information and considerations for users of the Chronic Condition Data Warehouse's (CCW) Medicaid data. Researchers and policymakers interested in Medicaid have access to a valuable source of enrollee-level Medicaid data from the Medicaid Analytic eXtract (MAX), available for years beginning in 1999. In response to the Medicare Modernization Act of 2003, the Centers for Medicare & Medicaid Services (CMS) launched the CCW, a research database that links Medicare data and MAX data for enrollees receiving both Medicare and Medicaid. The Lewin Group, under a subcontract for General Dynamics Information Technology (formerly Buccaneer Computer Systems) analyzed and mined the 2008 MAX data from the CCW with the goal of assessing the utility of these data for conducting research. The project yielded a series of data briefs describing the results of data mining and analyses. In addition to the data briefs, we prepared a series of State profiles for the 43 States with MAX data used in the data briefs (see Appendix A).¹

CCW MAX data include a person-summary file that contains data covering eligibility, demographics, and a summary of utilization and costs by type of service.² More detailed utilization and cost data are available in the MAX inpatient, long-term care, other services, and prescription drug files which include claims records submitted by providers. There are a number of enhancements to the MAX data that improve the quality of the claims data and provide additional information about enrollee enrollment and eligibility, including eligibility for related social service programs such as Temporary Assistance for Needy Families (TANF) Children's Health Insurance Program (CHIP) and Medicare. The combination of enrollment, eligibility, demographic, cost, and utilization data render MAX an extremely valuable resource for Medicaid research.

In this paper, we provide an overview of the characteristics of Medicaid, highlighting important considerations for researchers interested in cross-State or within-State comparisons. While there are broad Federal guidelines for Medicaid, States have considerable discretion to tailor Medicaid programs to the unique needs of their low-income populations. States have different eligibility rules, different benefit packages, and different provider payment rates and methodologies. Due to the considerable variation in State Medicaid programs, Medicaid data from different States may describe different populations and services. Furthermore, Medicaid serves diverse populations, so even comparisons of groups within a State may prove problematic. We describe some of the major types of variation across the States and provide topics for researchers to consider when designing studies using Medicaid data in general, and the CCW data in particular. These topics include:

1. Medicaid and CHIP Program Structure
2. Mandatory and Optional Eligibility Groups

¹ At the time of this writing, 2008 data were the most recent MAX data available through the CCW. Many of the facts and figures in this paper also use 2008 data for consistency.

² Summary cost and utilization data are derived from the claims records that populate other data fields. Claims data include State and Federal government payments on behalf of enrollees but do not include any copayments by enrollees.

3. Optional Services
4. Use of Waivers
5. Care Delivery Systems
6. Payments Outside of MSIS
7. Other Payment Policies

2. Medicaid and CHIP Program Structure

A. Overview

Established in 1965 as Title XIX of the Social Security Act, Medicaid is a jointly financed Federal-State program to provide health care services for low-income eligible populations that would otherwise have difficulty obtaining health insurance, covering 59 million people in 2008. The Balanced Budget Act of 1997 created CHIP which authorizes States to provide health care services for low-income children with incomes above State Medicaid limits. States can implement their CHIP programs as separate programs, Medicaid expansions, or some combination of the above. States may create entirely new programs to serve CHIP enrollees. Alternatively, States may expand their Medicaid programs to new populations and these groups are authorized as CHIP expansions. Many States choose to implement their CHIPs by both expanding Medicaid eligibility and creating new programs.

B. Relevance to Analyses Using CCW Data

Understanding the structure of State CHIP programs is critical to understanding the content of MAX data included in the CCW. The reason this is so important is that MAX data include CHIP enrollment and eligibility information, but generally do not include CHIP claims files when CHIP is implemented as a separate program. Researchers using CCW Medicaid data may create biased population-level statistics if unaware of this distinction. For example, a researcher estimating utilization rates will produce significant underestimates in States where enrollment data include CHIP enrollees but claims data do not include their corresponding utilization data. Figure 1 shows States' CHIP program structures in 2008.

Figure 1: CHIP Programs by Type (2008)³

Medicaid Expansion Program	Stand Alone Program	Combination Program
AK, DC, HI, MD, NM, NE, OH	AL, AZ, CO, CT, GA, KS, MS, MT, NV, NY, OR, PA, TX, UT, VT, WA, WV, WY	AR, CA, DE, FL, IA, ID, IL, IN, KY, LA, MA, ME, MI, MN, MO, NC, ND, NH, NJ, OK, RI, SC, SD, TN, VA, WI

³ National Academy for State Health Policy. (2011). Charting CHIP IV: A Report on State Children's Health Insurance Program. Available at <http://nashp.org/publication/charting-chip-iv>

In the 7 States where CHIP is implemented as a Medicaid expansion, the MAX data include CHIP enrollees' claims. In the 18 States where CHIP is implemented as a separate program, MAX data might not include CHIP enrollees' claims. In the remaining 26 States, claims from enrollees covered through the expanded Medicaid program are included in the MAX data, while claims from enrollees in separate CHIP programs are generally not included.⁴

3. Mandatory and Optional Eligibility Groups

A. Overview

To qualify for Medicaid, an individual must meet both categorical and financial eligibility requirements. Categorical requirements mean that a person belongs to a covered group such as children, pregnant women, families with dependent children, the elderly, or persons with disabilities. Some eligibility categories are mandatory while others are optional for States.⁵ The designation of some groups as mandatory and others as optional is an artifact of Medicaid's origins as a health care program for traditional welfare populations. People historically eligible for cash-assistance programs were considered mandatory under Medicaid law. While the 1996 welfare reform legislation severed the link between Medicaid and cash-assistance, income criteria relative to the federal poverty level (FPL) is still a key component of Medicaid eligibility.⁶

- **Mandatory Groups.** Federal law requires States to cover certain categories of people in Medicaid. There are six broad categories of "mandatory" individuals: children, pregnant women, low-income parents, the elderly, the blind, and persons with disabilities. The income levels used to determine eligibility for these mandatory groups varies by group.
- **Optional Groups.** States have the option of providing Medicaid coverage for other "categorically related" groups. These optional groups share characteristics of the mandatory groups, but the eligibility criteria are more liberally defined.

Figure 2 shows the federal mandatory groups and typical optional eligibility groups. In addition to optional groups specified in law, States can choose to cover other populations in their Medicaid programs. Other populations may have higher incomes or other eligibility criteria not already specified (such as specific diseases or chronic conditions), but if the State wishes to receive federal contributions towards their medical care, CMS must approve a waiver of eligibility requirements (see waivers section below).

⁴ Buccaneer. (2011). Chronic Condition Data Warehouse: Medicaid Analytic eXtract Files (MAX) User Guide. Available at http://www.ccwdata.org/cs/groups/public/documents/document/ccw_max_user_guide.pdf

⁵ Congressional Research Service. (2010). Medicaid and the State Children's Health Insurance Program (CHIP) Provisions in PPACA. Washington, DC. Available at <https://opencrs.com/document/R41210/2010-08-19/>

⁶ In 1996 Congress replaced Aid to Families with Dependent Children (AFDC) with the Temporary Assistance for Needy Families program (TANF).

Figure 2: Medicaid Mandatory and Optional Eligibility Groups⁷

Federal Mandatory Eligibility Groups	State Optional Eligibility Groups
<ul style="list-style-type: none"> ▪ Children under age six with family incomes up to 133 percent of the FPL ▪ Children ages 6-19 with family incomes up to 100 percent of FPL ▪ Pregnant women with family incomes up to 133 percent of FPL ▪ Parents whose income meets the State’s AFDC (former welfare program now known as TANF) criteria in place as of July 1996⁶ ▪ People who are elderly, blind, or who have disabilities and who receive SSI may have incomes up to 74 percent of poverty - Aged, Blind and Disabled (ABD) ⁸ ▪ Certain people with severe disabilities who would qualify for SSI if they did not work 	<ul style="list-style-type: none"> ▪ Children under age 21 who meet criteria more liberal than the Aid to Families with Dependent Children (AFDC) income and resources requirements in effect in their States on July 16, 1996 ▪ Institutionalized individuals, and individuals in home and community-based waiver programs, who are eligible under a "special income level" ▪ Individuals who would be eligible if institutionalized, but who are receiving care under home and community-based services waivers ▪ Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL ▪ Aged, blind, or disabled recipients of State supplementary income payments ▪ Certain working people with severe disabilities ▪ "Optional targeted low-income children" included in CHIP (formerly SCHIP) ▪ "Medically needy" persons who would be eligible for Medicaid under one of the mandatory or optional groups, except that their income and/or resources are above the eligibility level set by their State. Persons may qualify immediately or may "spend down" by incurring medical expenses greater than the amount by which their income exceeds their State’s medically needy income level.

B. Relevance to Analyses Using CCW Data

Different eligibility groups covered under Medicaid have different health care needs and, as a result, differing average health care utilization and costs. Most of the Medicaid population is comprised of low-income families with children that require mostly low-cost services, such as preventative care. However, there are groups of individuals with complex needs, persons with disabilities, and persons requiring long-term services and supports. These groups require more services, including chronic care and long-term care services. Generally, groups eligible on the

⁷ The Kaiser Commission on Medicaid and the Uninsured. (2005). Medicaid’s Optional Populations: Coverage and Benefits. Available at <http://www.kff.org/medicaid/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=51052>

⁸ Persons age 65 and older or Aged, Blind, and Disabled qualify through the SSI program in most States. In the other 11 States (the 209(b) States), these populations qualify based on income. The 209(b) States include Connecticut, Hawaii, Illinois, Indiana, Minnesota, Missouri, New Hampshire, Oklahoma, and Virginia.

basis of disability or medically needy status have higher health care costs than groups eligible on the basis of income alone. As a result, they account for high shares of Medicaid spending despite their low shares of enrollment. Because costs and utilization are so different for different eligibility groups, researchers using CCW data should account for the basis of eligibility in their analyses.

Failure to account differences between eligibility groups can obscure data analyses and other estimates for a number of reasons. Different States cover different optional groups, and these optional groups have different health care needs. For example, spending comparisons between two States might look very different if one State covered the optional institutionalized population and the other did not. Even among States covering identical eligibility groups, the composition of their Medicaid populations as a whole varies, with some States having higher percentages of enrollees in eligibility groups based on disability and other States having higher percentages of enrollees in eligibility groups based on income. Because the nature of the Medicaid population has a significant impact on Medicaid service utilization and expenditures, researchers should account for the basis of eligibility in all analyses using CCW data. The State profiles included as appendices to this report show the eligibility groups covered by each State.

4. Mandatory and Optional Services

A. Overview

Similar to eligibility groups, CMS requires States to cover certain Medicaid services (“mandatory services”) but States may also cover additional services (“optional services”). States must provide mandatory services to both mandatory and optional eligibility groups. Figure 3 lists general categories of mandatory and optional services; the State profiles show which optional services are covered by each State.

Figure 3: Mandatory and Selected Optional Services^{9,10}

Mandatory Services	Selected Optional Services
<ul style="list-style-type: none"> ▪ Inpatient hospital services ▪ Outpatient hospital services ▪ Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services ▪ Nursing facility services ▪ Home health services ▪ Physician services ▪ Rural health clinic services ▪ Federally Qualified Health Centerservices ▪ Laboratory and X-ray services 	<ul style="list-style-type: none"> ▪ Prescription drugs ▪ Clinic services ▪ Physical therapy ▪ Occupational therapy ▪ Speech, hearing and language disorder services ▪ Respiratory care services ▪ Other diagnostic, screening, preventive and rehabilitative services ▪ Podiatry services ▪ Optometry services

⁹ Medicaid.gov. (2011). Medicaid Benefits. Available at <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Medicaid-Benefits.html>

¹⁰ Within these broad categories, States vary in their definitions of services. Even within a State, enrollees in different delivery systems (e.g., fee-for-service versus managed care) may find that the definition of covered services varies. Readers interested in specific State benefit definitions are likely to find this type of information in the Medicaid State plans and/or State Medicaid contracts with managed care providers.

Mandatory Services	Selected Optional Services
<ul style="list-style-type: none"> ▪ Family planning services ▪ Nurse Midwife services ▪ Certified Pediatric and Family Nurse Practitioner services ▪ Freestanding Birth Center services (when licensed or otherwise recognized by the State) ▪ Transportation to medical care ▪ Tobacco cessation counseling for pregnant women 	<ul style="list-style-type: none"> ▪ Dental services ▪ Dentures ▪ Prosthetics ▪ Eyeglasses ▪ Chiropractic services ▪ Other practitioner services ▪ Private duty nursing services ▪ Personal Care ▪ Hospice ▪ Case management ▪ Services for Individuals Age 65 or Older in an Institution for Mental Disease ▪ Services in an intermediate care facility for persons with mental retardation ▪ State Plan Home and Community-Based Services- 1915(i) ▪ Self-Directed Personal Assistance Services- 1915(j) ▪ Community First Choice Option- 1915(k) ▪ Other services approved by the Secretary

B. Relevance to Analyses Using CCW Data

Researchers assessing utilization of specific services should first assess the scope and definition of covered benefits to ensure accurate comparisons across subpopulations and States. This is particularly important for analyses of optional services, though even for mandatory services States have discretion in their definitions. Comparisons of utilization for groups with different benefit packages will produce biased results.

5. Use of Waivers

A. Overview

Under the Social Security Act, States may apply to waive certain Federal requirements to cover additional services or populations. They may implement different delivery systems (usually some form of managed care) and enrollment methods. CMS must approve these waivers to determine compliance with the Medicaid statute before States can receive federal matching funds. States can tailor waiver services to specific populations with the intent of (1) increasing access to care, (2) improving the quality of care, and (3) containing costs. There are three common waivers: Section 1115, Section 1915 (b), and Section 1915 (c). Some States combine the 1915 (b) and 1915 (c) waivers. All waivers must be cost-neutral or generate savings.

Section 1115 Research & Demonstration Projects. Research and demonstration waivers (often referred to as “1115”) allow States to implement pilot projects, experiments, and demonstration projects that have not yet been implemented on a widespread basis. States often use the 1115 to expand eligibility and change the scope of covered benefits.

Section 1915 (b) Managed Care/Freedom of Choice Waiver. Managed care/ freedom of choice waivers allow States to waive the Federal comparability of services¹¹ and freedom of choice requirements.¹² States cannot expand eligibility under this waiver. States generally use freedom of choice waivers to: (1) implement mandatory enrollment in managed care, (2) implement mandatory utilization of a central enrollment broker, (3) use cost-savings to finance additional services, and (4) engage in provider network management.

Section 1915 (c) Home and Community-Based Services Waivers (HCBS). HCBS waivers allow long-term services and supports to be delivered in a community setting to prevent potential institutionalization to a nursing home. States may restrict these services to special populations.

Figure 4 shows States by type of waiver.

Figure 4: State Waiver Use, 2012¹³

Section 1115 Waivers	Section 1915 (b) Waivers	Section 1915(c) Waivers	Section 1915(b)(c) combined Waivers
AL, AK, AR, AZ, CA, CO, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NV, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, TN, TX, UT, VT, VA, WA, WI, WY	AL, AR, FL, IA, KS, KY, MI, MN, MS, MO, NE, NJ, NM, NC, OR, PA, TX, UT, VA, WA, WV	AL, AK, AR, CA, CO, CT, DE, DC, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY	MI, NC

B. Relevance to Analyses Using CCW Data

Waivers can substantially change Medicaid’s eligible populations and covered benefits. Because waivers differ across States, researchers should understand any waivers to explain differences in costs and utilization. The appendices with State profiles include a list of all waivers in place in each State during 2008.

The MAX data files in the CCW include several fields that to identify enrollees who are eligible because of a State waiver or who use waiver services. The person summary file includes a “MAX uniform eligibility code” that identifies individuals eligible through Section 1115 demonstration waivers. The CCW person summary file also includes a “MAX waiver type code” that indicates enrollees’ inclusion in waiver populations.

¹¹ Comparability of services requires that Medicaid services available are comparable in amount, duration, and scope across enrollees.

¹²Freedom of choice requires States to allow Medicaid enrollees to choose from any qualified providers.

¹³ Centers for Medicare & Medicaid Services. Waivers. Available at <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>

The MAX data files in the CCW also include several fields that permit identification of services delivered through a waiver. The person summary file include Community Long-Term Care payment summary fields that indicate whether enrollees accessed community-based long term care waiver services and total payments for these services. Similarly, in the other services file, there is a flag for “community-based long-term care” (CLTC) that indicates whether services were provided through a waiver. Each of the MAX service files (Other Services, Inpatient Hospital, Prescription Drugs, and Long Term Care) also includes a “MSIS Type of Program Code” that indicates if services rendered are home and community-based waiver services.¹⁴

6. Care Delivery Systems

A. Overview

Initially, Medicaid covered benefits in a fee-for-service (FFS) system, but States have increasingly relied on managed care to deliver services. Here, we describe the different types of delivery systems States have in place and the implications of delivery system selection for MAX data. Under a fee-for-service arrangement, States pay providers for each service based on a fee schedule or some other calculation. States define covered services, fee schedules, and provider reporting requirements. Under a capitated managed care arrangement, States pay managed care organizations (MCOs) a fixed fee (capitated amount) per covered enrollee. MCOs then contract with and pay providers. In the contracts with MCOs, States specify the services that must be covered as part of the capitated payment.

In practice, the distinction between managed care and fee-for-service includes many types of hybrid options. Most States enroll some, but not all, of their enrollees in managed care. In 2008, 71 percent of Medicaid enrollees were enrolled in a MCO for at least some services.¹⁵ All benefits may be covered under managed care or the MCO may be responsible for only a subset of benefits.

It is critical for researchers to understand which services are carved out from managed care contracts and whether information on these services are included in FFS data.

Under managed care arrangements, certain services may be excluded from the contract or “carved-out” and covered under FFS or other arrangements. Such services will be covered in FFS or by another managed care contract. Carve-out arrangements in capitated Medicaid managed care programs are fairly common for behavioral health, dental services, transportation services, and pharmacy benefits. By definition, a carve-out defines certain services to which enrollees are entitled as excluded from a risk contract between the State and the MCO. Some States carve behavioral health services out of the Medicaid MCO program, but contract with a separate behavioral health managed care organization to administer behavioral health benefits for Medicaid MCO enrollees. Figure 5 shows which States use the most common types of managed care carve-outs.

¹⁴ Enrollees participating in a HCBS waiver may use services other than HCBS services. Depending on the State and the waiver, these services may be paid under the waiver (e.g., a prescription is paid as an HCBS waiver service because it is provided to an HCBS waiver participant).

¹⁵ Kaiser Commission on Medicaid and the Uninsured. (2010). Medicaid and Managed Care: Key Data, Trends and Issues. Available from <http://www.kff.org/medicaid/upload/8046.pdf>

Figure 5: State Managed Care Carve-Outs, 2010¹⁶

Benefits that may be Carved-Out	States Using Carve-Out
Dental	CA, CO, CT, DE, FL, HI, IL, IN, KS, MD, MA, MI, NE, NM, NY, OR, RI, SC, TN, TX, UT, VA, WA, WV, WI
Outpatient Behavioral Health	AZ, CA, CO, CT, DE, FL, HI, IL, KY, MD, MS, MO, NE, NJ, NY, OH, PA, SC, UT, VA, WV
Inpatient Behavioral Health	AZ, CA, CO, CT, DE, FL, KY, MD, MI, MS, MO, NE, NJ, NY, OH, PA, SC, UT, VA, WA, WV
Outpatient Substance Abuse	AZ, CA, CO, CT, DE, IL, MI, MS, MO, NE, NJ, NY, OH, PA, SC, UT, VA, WA, WV
Inpatient Detoxification	AZ, CA, CO, DE, MI, MS, MO, NE, NJ, OH, PA, WA
Prescription	CA, CT, DE, IL, IN, MO, NE, NJ, NY, OH, OR, TN, TX, UT, WV, WI

B. Relevance to Analyses Using CCW Data

Because the building blocks of the MAX utilization and payment data are the claims submitted by providers, understanding the differences between fee-for-service and capitated managed care, as well as which systems are in place in which States, is critical to understanding the expected completeness and accuracy of the MAX data. For beneficiaries in purely FFS systems, MAX data include the services enrollees use by date, provider, and location, as well as their associated provider payments. Since provider reimbursement is conditional upon receipt of complete and accurate claims forms, FFS utilization data tend to be fairly comprehensive and reliable.

For beneficiaries receiving services under a capitated arrangement, States don't receive claims from providers. Instead, MCOs report the services beneficiaries use and the associated payments to providers. Because provider reimbursement is not conditional upon receipt of encounter data, these data may be less complete and accurate than FFS claims data. In "Evaluating Encounter Data," we assessed the comprehensiveness of the MAX encounter data in the 2008 CCW, finding considerable variation across the States.

Researchers using the CCW data to evaluate enrollee utilization and Medicaid payment costs should be cautious when using encounter data – particularly when drawing comparisons between FFS and managed care enrollees or when making comparisons across States. Since FFS enrollees may receive selected services from managed care organizations (e.g., behavioral health, dental), even analyses of FFS enrollees' utilization and costs require researchers to identify whether any specific services are provided through MCOs.

¹⁶ Managed Care Programs in 2010: Findings from a 50-State Survey. Available at: <http://www.kff.org/medicaid/8220.cfm>

7. MMIS, MSIS, and Payments Outside of these Systems

A. Overview

The MAX data in the CCW are based on MSIS data. MSIS is the national reporting system that houses State Medicaid data on enrollment, service utilization, and payments. CMS compiles and refines MSIS data in order to produce the MAX data that populate the CCW; MAX data are created specifically to support research and analyses of Medicaid populations.¹⁷ MSIS data are in turn, population by State Medicaid Management Information Systems (MMIS data). States use MMIS to process the majority of their Medicaid transactions and claims. Quarterly extracts from State MMIS systems populate CMS' Medicaid Statistical Information System (MSIS).

The MAX Data Warehouse contains Medicaid data from the States and provides a robust source of information for researchers, but it is important to understand what data are not included in MAX.

MAX data differ from MSIS data in a number of ways. First, it requires 7 quarters of fiscal year MSIS data to produce 1 calendar year of MAX data. The reason for this is that MSIS data are “claim-event” based, while MAX data are “final action event” based. The distinction is that multiple claims may be submitted for a single medical procedure such as the initial claim, adjustments to the claim, and any voids to the claim. These records are merged to generate the single final action event records reported in the MAX data. MAX data also include data elements not available in MSIS related to enrollment, enrollee demographics, and eligibility (for both Medicaid and for other social service programs).

While MSIS includes the majority of State Medicaid transactions and is the only source of enrollee-level spending and utilization data, several key types of Medicaid spending are omitted from MSIS. Specifically, MSIS excludes Medicaid spending that does not correspond to a specific enrollee, such as disproportionate share hospital payments and other supplemental payments to providers. MSIS also excludes certain types of Medicaid payments made on behalf of enrollees, such as Medicare premium payments. While MSIS excludes certain types of payments, it generally overstates spending on prescription drugs, since MSIS data do not reflect rebates from drug manufacturers. For these reasons, MSIS data differ from comprehensive Medicaid spending data reported by States on the Form CMS-64.¹⁸ In FY 2009, MSIS spending as a percentage of CMS-64 spending ranged from 59 percent in Maine to 119 percent in the District of Columbia, with a national average of 88 percent.¹⁹ Specific States may omit other types of payments from MSIS; the appendices with State profiles describe these types of situations.

¹⁷ Centers for Medicare & Medicaid Services. (2012). Medicaid Analytic eExtract (MAX) General Information. Available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidDataSourcesGenInfo/MAXGeneralInformation.html>

¹⁸ States submit quarterly expense reports on Form CMS-64, a statement of expenditures for which States are entitled to Federal reimbursement.

¹⁹ Medicaid and CHIP Payment Access Commission (MACPAC). (2012). Medicaid and CHIP Program Statistics: June 2012 MACStats. Available at <http://www.macpac.gov/macstats>

B. Relevance to Analyses Using CCW Data

While MAX is an extremely powerful dataset, understanding its limitations is essential to producing valid statistics. A key limiting factor is that any data not included in MSIS will not be included in MAX. For example, some States may pay hospitals lower reimbursement rates but compensate with higher disproportionate share payments or other supplemental payments. In these States, MAX data will understate Medicaid hospital payments. Understanding these types of limitations allows researchers to better interpret results of analyses drawn from CCW data and other data sources derived from MSIS.

8. Provider Reimbursement Policies

A. Overview

Even among FFS systems, there is considerable variation in the amounts and ways providers are paid. Hospital payment policies vary greatly across the States. Both the level and manner of provider compensation will impact cross-State comparisons of Medicaid provider payments.

B. Inpatient Hospital Reimbursement Methodologies

Figure 6 illustrates how States pay for inpatient hospital care, as of November 2010. The three main methodologies used by States to reimburse hospitals for inpatient stays are (1) per stay, (2) per diem, and (3) cost-based. Among per stay methodologies, there are various methods of categorizing stays to account for cost differences. These methods are called Diagnosis Related Groups or DRGs.

Diagnosis Related Groups (DRGs): Hospitals receive a predetermined payment amount which varies by DRG. DRGs reflect differences in expected resource use. There are several alternative algorithms or groupers that categorize hundreds of thousands of diagnoses, procedures, complications, and comorbidities into a manageable number of DRGs for Medicaid reimbursement (other algorithms or groupers categorize Medicare DRGs). Currently 32 States and the District of Columbia utilize some version of a DRG method to pay for inpatient hospital stays.

Cost reimbursement: Under cost reimbursement, upon receiving a claim for estimated costs, States send hospitals an interim payment equal to a fixed percentage of hospital charges. Hospitals then submit yearly Medicaid cost reports to the States, which are used to establish the final State payment as a percentage of hospital costs. During the final reconciliation, either the hospital makes a payment to the States (or vice versa) to reconcile the differences between costs and charges.

Per Diem: Nine States continue to pay hospitals a per diem rate. Typically, rates are specific to each hospital, and each hospital receives the same rate for every inpatient day.

Figure 6: Medicaid Hospital Inpatient Care Payment Method (November 2010)²⁰

Per Stay- CMS DRGs	Per Stay- APDRGs or TRICARE DRGs
CO*, IA, IL, KS**, KY, MN, NC**, ND*, OH, SC, UT, VT, WV** * Moving to APR-DRGs ** Moving to MS-DRGS	DC, GA, IN, NE, NJ, VA, WA
Per Stay- MS DRGs	Per Stay - Other
MI, NH, NM, OK, OR, SD, TX*, WI * Moving to APR-DRGs	DE, MA*, NV, WY * Case-mix adjustment based on APR-DRGs
Per Stay- APR DRGs	Per Diem
MT, NY, PA, RI	AK, AZ, CA, FL, HI, LA, MO, MS, TN
Cost Reimbursement	Other (Regulated Charges)
AL, AR, CT, ID, ME	MD* * Case-mix adjustment based on APR-DRGs

Notes

- CMS-DRGs—CMS Diagnosis Related Groups (used by Medicare until 10/1/07);
- MS-DRGs—Medicare Severity DRGs (used by Medicare since 10/1/07);
- APDRGs—All Patient DRGs;
- APR-DRGs—All Patient Refined DRGs;
- TRICARE DRGs—DRGs used by the military health care system.

C. Outpatient Hospital Reimbursement Methodologies

In addition to fee schedule, there are two other methodologies States use to pay for outpatient services including (1) patient and service classification groups and (2) cost-based. Among patient and service classification methodologies, the most common method is ambulatory payment classification (APC) groups.

Ambulatory Payment Classification (APC) groups: Medicare implemented an APC-based method in 2000. This method is essentially a fee schedule with thousands of procedure codes each assigned to one of 838 APCs. Each APC has a relative weight that is multiplied by an APC conversion factor (analogous to the DRG base price) to arrive at a fee. Unlike DRGs, a single outpatient hospital visit may include multiple APCs and multiple separate payments.

Ambulatory Patient Groups (APGs): Medicare used the APG methodology to reimburse hospitals prior to the 2000 implementation of the APC. Similar to the APC, the APG is a classification system for outpatient services that classifies patients into hundreds of pathology groups.

Cost Reimbursement: As with inpatient cost reimbursement, outpatient claims are first paid at a percentage of charges, and then settled to a percentage of cost a year or two later. MSIS data include both payments, while MAX only includes final payments. States using cost

²⁰ Quinn, K.C. & Courts, C. (2010). Sound Practices in Medicaid Payment for Hospital Care. Center for Health Care Strategies, Inc. Available at: http://www.chcs.org/usr_doc/Sound_Medicaid_Purchasing_FINAL.pdf

reimbursement generally make an exception for lab services, which are typically paid using Medicare’s clinical lab fee schedule, without settlement. States using cost reimbursement may pay for other services based on fee schedules.

Other fee schedules: States may pay all outpatient hospital services using its own fee schedules, or they may adopt fee schedules from another source.

Figure 7 summarizes State utilization of various outpatient hospital payment methodologies.

Figure 7: Outpatient Hospital Care Payment Approaches (November 2010)²¹

Ambulatory Payment Classification (APC) Groups	Ambulatory Patient Groups (APGs)
IA, MI, MN, MT, NM, RI, VT, WA, WY	MA, MD, NY
Primarily Other Fee Schedule	Primarily Cost Reimbursement
AL, AR, AZ, CA, HI, IL, IN, KS, OH, OK, PA, SC, WV	AK, CO, CT, DC, DE, FL, GA, ID, KY, LA, ME, MO, MS, NC, ND, NE, NH*, NJ, NV, OR, SD, TN, TX, UT, VA, WI * moving to Enhanced Ambulatory Patient Groups (EAPGs)

D. Payments for Other Providers’ Services

States may have contracts and relationships with other types of providers that use reimbursement methodologies outside of traditional fee schedule-based payments. One example is that States pay Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) using a per-visit payment rate. States develop specific per-visit payment rates for each FQHC and RHC using a prospective payment system or alternative methodology based on total historic costs and total number of visits. The goal is to reimburse FQHCs and RHCs for their total costs of care, but these methodologies do not account for specific services rendered or conditions treated since the States pay the same rate for all visits. Thus, enrollees visiting a FQHC and receiving counseling, routine physical exams, and routine dental care would garner the same payments as enrollees visiting for only a single purpose. For this reason, claims for FQHCs and RHCs often lack procedure or service codes.

E. Relevance to Analyses Using CCW Data

The mechanisms used to reimburse providers determine how claims are reported to the State, and eventually, what MAX data report. For example, utilization analyses of populations or States where significant portions of the population receive services at Federally Qualified Health Centers may underestimate rates of services frequently provided at these organizations because visits are not reimbursed based on services provided. For researchers interested in using CCW data to assess utilization of specific types of services, the State reimbursement methodology may have a considerable impact on the results. State reimbursement methodology and level will also have a significant impact on Medicaid costs of care.

²¹ Quinn, K.C. & Courts, C. (2010). Sound Practices in Medicaid Payment for Hospital Care. Center for Health Care Strategies, Inc. Available at: http://www.chcs.org/usr_doc/Sound_Medicaid_Purchasing_FINAL.pdf

9. Conclusion

This overview paper has outlined a number of considerations for researchers using the MAX data including:

1. Medicaid and CHIP program structure,
2. Populations covered,
3. Covered benefits
4. Waiver programs,
5. Use of managed care,
6. Payments outside of MSIS, and
7. Other payment variations.

The relative importance of each of these topics depends on the specific subject matter of interest, the specific States of interest, and the specific time period of interest. Nonetheless, researchers using MAX data will benefit from addressing each of these topics prior to beginning data analyses. The appendices to this paper include short profiles of the 43 States with MAX data in the 2008 CCW that provide a helpful starting point. The CCW website is another useful resource, including summary statistics, data dictionaries, analytic guidance, and instructions for accessing the data.²²

²² CCW Website. Available at <http://www.ccwdata.org/index.htm>

ALABAMA



	Alabama, 2008	United States, 2008
Population ¹	4,661,900	304,059,724
Medicaid Enrollment ²	697,961	43,601,565
CHIP Enrollment ³	71,251	4,835,639
% of Pop. on Medicaid	14.97%	14.34%
% of Pop. on CHIP	1.53%	1.59%
Medicaid FMAP ⁴	67.62%	50% - 76.29%
CHIP FMAP ⁵	77.33%	65% - 83.40%
% Managed Care ⁶	65.95%	70.91%

This State profile provides background information about Alabama's Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁷

The Alabama Medicaid Agency administers Alabama's Medicaid program and the Department of Public Health administers ALL KIDS, the State's standalone CHIP program which operates independent of Alabama's Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Alabama covers. Alabama covers 3 optional eligibility groups.^{8,9}

TABLE 1: ALABAMA'S OPTIONAL ELIGIBILITY GROUPS, 2008¹⁰

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL).
√	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements.
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate.
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers.
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL.
	Aged, blind, or disabled recipients of state supplementary income payments.
	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work.
√	Certain uninsured or low-income women who are screened for breast or cervical cancer.
	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level.

ALABAMA

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Alabama. Alabama covers 12 of the commonly covered optional services.¹¹

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting. ¹² Most of Alabama’s Medicaid claims are processed through the State’s MMIS.¹³

TABLE 2: ALABAMA'S OPTIONAL SERVICES, 2008

COVERED	COMMON OPTIONAL SERVICES
(√)	
√	Case management services
	Chiropractic services
√	Clinic services
√	Prosthetic devices
	Dentures
	Occupational therapy
	Diagnostic, screening, and preventative services
√	Hospice care
	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
	Personal care services
	Physical therapy
	Podiatrist services
√	Prescribed drugs
	Private duty nurses
	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

ALABAMA

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Alabama operates 7 waivers under its Medicaid program as shown in Table 3.¹⁵

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁸ Alabama Medicaid Agency. (2011). "A Medicaid Primer." Available from: http://medicaid.alabama.gov/documents/3.0_Apply/3.1_General_Info/3.1_What_is_Medicaid.pdf
- ⁹ Centers for Medicare & Medicaid Services. (no date). "Medicaid State Plan Amendments." Available from: <http://www.medicare.gov/State-Resource-Center/Medicaid-State-Plan-Amendments/Medicaid-State-Plan-Amendments.html>
- ¹⁰ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ¹¹ Kaiser Family Foundation. (2008). "Benefits by States: Alabama (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=1&yr=4&cat=0&nt=on>
- ¹² Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹³ Personal communication with Alabama Medicaid Agency Staff (2008).
- ¹⁴ The waivers reflected in this table are those that were in existence in 2008.
- ¹⁵ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>

TABLE 3: POPULATIONS AND SERVICES COVERED IN ALABAMA'S MEDICAID WAIVERS, 2008¹⁴

1115 Waiver

Alabama Plan First

Women, ages 19 to 55, with a family income at or below 133% FPL, who are not otherwise eligible for Medicaid or Medicare, and do have any other health insurance coverage
Provides family planning and family related services

1915(b) Waiver

Alabama Patient 1st

Medicaid beneficiaries except those with Medicare, foster children, SOBRA eligible adults and those in another comprehensive plan
Coordinates primary and preventive care

1915(c) Waivers

Alabama Individuals with HIV/AIDS & Related Illnesses

Persons with HIV/AIDS ages 21 and older

Provides for case management, homemaker, personal care, respite, companion, skilled nursing

HBS Waiver for Persons with Mental Retardation

Individuals with mental retardation, ages 3 and older

Provides day habilitative, personal care, prevocational, residential habilitative, respite, supported employment, adult companion, behavior therapy, community specialist services, crisis intervention, environmental accessibility adaptations, occupational therapy, physical therapy, skilled nursing, specialized medical equipment, specialized medical supplies, speech/language therapy

State of Alabama Independent Living (SAIL)

Persons with physical disabilities, ages 18 – 60

Covers case management, personal care, assistive technology repairs, assistive technology, environmental accessibility adaptations, evaluation for assistive technology, medical supplies, minor assistive technology, personal assistance service, personal emergency response system installation and monthly fee

HCBS Living at Home Waiver for Persons with Intellectual Disabilities

Individuals with mental retardation, ages 3 and older

Provides day habilitative, personal care, prevocational, respite, supported employment, behavior therapy, community specialist services, crisis intervention, environmental accessibility adaptations, occupational therapy, physical therapy, residential habilitative other living arrangement, skilled nursing, specialized medical equipment, specialized medical supplies, speech and language therapy

Technology Assisted Waiver

Technology dependent individuals ages 21 and older

Provides assistive technology, medical supplies, personal care/attendant services, private duty nursing

ALASKA



	Alaska, 2008	United States, 2008
Population ¹	4,661,900	304,059,724
Medicaid Enrollment ²	83,265	43,601,565
CHIP Enrollment ³	8,743	4,835,639
% of Pop. on Medicaid	12.13%	14.34%
% of Pop. on CHIP	1.27%	1.59%
Medicaid FMAP ⁴	52.48%	50% - 76.29%
CHIP FMAP ⁵	66.74%	65% - 83.40%
% Managed Care ⁶	0.00%	70.91%

This State profile provides background information about Alaska’s Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁹

The Division of Health Care Services administers the Alaska Medicaid and CHIP program. Alaska’s CHIP program, Denali KidCare, is a standalone program that operates independent of Alaska’s Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Alaska covers. Alaska covers 5 optional eligibility groups.¹⁰

TABLE 1: ALASKA’S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the FPL ⁸
√	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
√	Aged, blind, or disabled recipients of state supplementary income payments
	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state’s eligibility level

ALASKA

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Alaska. Alaska covers 19 of the commonly covered optional services.¹¹

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹² In Alaska, most fee-for-service claims are processed through the State's MMIS, with the exception of health insurance premium payments (HIP) and primary care case management (PCCM) payments.¹³

TABLE 2: ALASKA'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
√	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
√	Personal care services
√	Physical therapy
	Podiatrist services
√	Prescribed drugs
	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

ALASKA

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Alaska currently operates 1 waiver under its Medicaid program, but operated 5 in 2008 as shown in Table 3.¹⁵

TABLE 3: POPULATIONS AND SERVICES COVERED IN ALASKA'S MEDICAID WAIVERS, 2008¹⁴

1115 Waiver

Alaska Denali KidCare

Individuals through age 18 and pregnant women who meet income guidelines
Provides health insurance for children and teens of both working and non-working families (Expired 2009)

1915(c) Waivers

People with Intellectual and Developmental Disabilities

Individuals with autism, developmental disabilities, mental retardation
Provides care coordination, day habilitative care, residential habilitative care, respite, supported employment, chore, environmental mods, intensive active treatment, meals, nursing oversight and care management, specialized medical equipment and supplies, specialized private duty nursing, transportation

Alaska Older Alaskans

Aged individuals 65 and older, physically disabled ages 21-64
Provides adult day, care coordination, respite, chore, environmental mods, meals, residential supported living, specialized medical equipment and supplies, specialized private duty nursing, transportation (Expired 2011)

Alaska Adults with Physical Disabilities

Individuals with autism, developmental disabilities, mental retardation ages 21 and older
Provides adult day, care coordination, day habilitative care, residential habilitative care, respite, supported employment, chore, environmental mods, intensive active treatment, meals, residential supported living, specialized medical equipment, specialized private duty nursing, transportation (Expired 2011)

Alaska Children with Complex Medical Conditions (CCMC)

Medically fragile individuals ages 0-21
Provides care coordination, day habilitative care, residential habilitative care, respite, supported employment, chore, environmental mods, intensive active treatment, meals, nursing oversight and care management, specialized medical equipment, transportation (Expired 2011)

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.htm
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ Alaska Medicaid provides coverage for infants and pregnant women up to 175% FPL.
- ⁹ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ¹⁰ Alaska Department of Health and Social Services. (2012). "Medicaid State Plan." Available from: http://www.hss.state.ak.us/commissioner/medicaidstateplan/StatePlan_Sec_2.htm.
- ¹¹ Kaiser Family Foundation. (2008). "Benefits by States: Alaska (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=2&yr=4&cat=0&nt=on>
- ¹² Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹³ Personal communication with Alaska Division of Health Care Services Staff (2010).
- ¹⁴ The waivers reflected in this table are those that were in existence in 2008.
- ¹⁵ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>

ARIZONA



	Arizona, 2008	United States, 2008
Population¹	6,500,180	304,059,724
Medicaid Enrollment²	969,179	43,601,565
CHIP Enrollment³	65,837	4,835,639
% of Pop. on Medicaid	14.91%	14.34%
% of Pop. on CHIP	1.01%	1.59%
Medicaid FMAP⁴	66.20%	50% - 76.29%
CHIP FMAP⁵	76.34%	65% - 83.40%
% Managed Care⁶	90.54%	70.91%

This State profile provides background information about Arizona’s Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁹

The Arizona Health Care Cost Containment Systems administers the Arizona and CHIP programs. The Arizona CHIP program, KidsCare, is a standalone program that operates independent of Arizona’s Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Arizona covers. Arizona covers 5 optional eligibility groups.¹⁰

TABLE 1: ARIZONA’S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the FPL ⁸
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
√	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
√	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state’s eligibility level

ARIZONA

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Arizona. Arizona covers 21 of the commonly covered optional services.¹¹

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹² In Arizona, all of the fee-for-service claims are processed through the state's MMIS as of 2010.¹³

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. In 2008, Arizona did not operate any waivers under its Medicaid program, but currently operates 1 waiver, the Arizona Health Care Cost Containment System.¹⁴

TABLE 2: ARIZONA'S OPTIONAL SERVICES, 2008

COVERED (✓)	COMMON OPTIONAL SERVICES
✓	Case management services
	Chiropractic services
✓	Clinic services
✓	Prosthetic devices
✓	Dentures
✓	Occupational therapy
✓	Diagnostic, screening, and preventative services
✓	Hospice care
✓	Dental services for adults
✓	Inpatient psychiatric services for persons under age 21
✓	HCBS for individuals with disabilities and chronic medical conditions
✓	Optometrists' services and eyeglasses
✓	Personal care services
✓	Physical therapy
✓	Podiatrist services
✓	Prescribed drugs
✓	Private duty nurses
✓	Speech, hearing and language therapy
✓	Rehabilitative services
✓	Transportation services
✓	Services for persons age 65 or older in mental institutions
✓	Intermediate care facility services for persons with MR/DD and related conditions

ARIZONA

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ In 2007, Arizona Medicaid submitted a state plan amendment to provide coverage for infants and pregnant women up to 150% FPL.
- ⁹ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ¹⁰ Arizona Health Care Cost Containment System. (2012). "State Plan" Available from: http://www.azahcccs.gov/reporting/PoliciesPlans/stateplan.aspx#State_Plan_for_Medicaid
- ¹¹ Kaiser Family Foundation. (2008). "Benefits by States: Arizona (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=3&yr=4&cat=0&nt=on>
- ¹² Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹³ Personal communication with Arizona Health Care Cost Containment Systems staff (2010).
- ¹⁴ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>

ARKANSAS



	Arkansas, 2008	United States, 2008
Population ¹	2,855,390	304,059,724
Medicaid Enrollment ²	487,583	43,601,565
CHIP Enrollment ³	67,832	4,835,639
% of Pop. on Medicaid	17.08%	14.34%
% of Pop. on CHIP	2.38%	1.59%
Medicaid FMAP ⁴	72.94 %	50% - 76.29%
CHIP FMAP ⁵	81.06%	65% - 83.40%
% Managed Care ⁶	80.36%	70.91%

This State profile provides background information about Arkansas' Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, for researchers using the 2008 CCW Medicaid data.⁹

The Arkansas Department of Health (DHP) administers both the Arkansas Medicaid and CHIP programs through the Arkansas Division of Medical Services (DMS). The Arkansas CHIP program, ARKids First, is a combination program that operates through the Arkansas Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Arkansas covers. Arkansas covers 4 optional eligibility groups.^{10,11}

TABLE 1: ARKANSAS'S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL) ⁸
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirement
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waiver
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

ARKANSAS

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Arkansas. Arkansas covers 15 of the commonly covered optional services.¹²

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Service has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹³ In Arkansas, most fee-for-service claims are processed through the State's MMIS. However, the Arkansas Safety Net Benefit Program fee-for-service claims are processed outside the MMIS.¹⁴

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Arkansas operates 9 waivers under its Medicaid program as shown in Table 3.¹⁵

TABLE 2: ARKANSAS'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
√	Prosthetic devices
	Dentures
	Occupational therapy
	Diagnostic, screening, and preventative services
√	Hospice care
	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
√	Personal care services
	Physical therapy
√	Podiatrist services
√	Prescribed drugs
√	Private duty nurses
	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

ARKANSAS

TABLE 3: POPULATIONS AND SERVICES COVERED IN ARKANSAS'S MEDICAID WAIVERS, 2008¹⁶

		1115 Waiver
<p>Arkansas ARKidsB Coverage for uninsured children through age 18 with family incomes at or below 200% FPL. Individuals can choose between the State's traditional Medicaid program and the ARKids B program. AR kids B offers a less comprehensive benefit package than the Medicaid State plan and requires co-payments. The demonstration utilizes the same provider system as the traditional Arkansas Medicaid program and operates as a primary care case management model. Funding for the program is provided through State appropriations; title XXI matching funds are claimed for enrollees who are not eligible for traditional Medicaid.</p> <p>Arkansas TEFRA-like Coverage for disabled children otherwise eligible for Medicaid under section 134 of the Tax Equity and Fiscal Responsibility Act (TEFRA). All Medicaid State plan services are provided under the demonstration. A sliding scale premium is assessed to families based on income and there are no co-payments allowed for services to TEFRA children.</p>	<p>Arkansas Safety Net Benefit Program Participating employers who have not previously provided health coverage to their employees to provide a limited health care benefit package Medicaid State plan benefits</p> <p>Arkansas Women's Health Services Program Women of childbearing age with family incomes at or below 200% FPL, who are not otherwise eligible for Medicaid, CHIP, or the Arkansas section 1115 Safety Net Benefit Program, and do not have other health insurance coverage that provides family planning service Family planning services</p>	
<p>Arkansas Non-Emergency Transportation Waiver 1915(b) Contracting transportation broker program operated directly under authority of Section 1915(b)(4) of the Social Security Act Non-emergency transportation</p>		1915(b) Waivers
<p>Arkansas Elder Choices Aged adults 65 and older Provides adult day health, homemaker, respite, adult companion services, adult day care, adult family home, chore, home-delivered meals, Personal Emergency Response Service (PERS)</p> <p>Alternative Community Services Individuals with autism, mental retardation, developmental disabilities Provides case management, respite, supported employment, supportive living, specialized medical supplies, adaptive equipment, community transition, consultation, crisis intervention, environmental mods, supplemental support</p>	<p>Alternatives for Adults with Physical Disabilities Physically disabled individuals ages 21 - 64 Provides counseling support management, attendant care, environmental accessibility adaptations/adaptive equipment</p> <p>Living Choices Assisted Living Aged individuals ages 65 and older, physically disabled ages 21 - 64 Provides extended Medicaid State plan prescription drugs, living choices assisted living services, pharmacist consultant services</p>	1915(c) Waivers

ARKANSAS

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemactable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemactable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ Arkansas provides coverage up to 200% FPL for infants up to age 1 and pregnant women.
- ⁹ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ¹⁰ Division of County Operations. (2010). "Quick Reference Medicaid Eligibility." Available from: <https://www.medicaid.state.ar.us/Download/costcurve/EligibilityQuickRef.pdf>
- ¹¹ Centers for Medicare & Medicaid Services. (no date). "Medicaid State Plan Amendments." Available from: <http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Plan-Amendments/Medicaid-State-Plan-Amendments.html>
- ¹² Kaiser Family Foundation. (2008). "Benefits by States: Arkansas (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=4&yr=4&cat=0&nt=on>
- ¹³ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹⁴ Personal communication with Arkansas Division of Medical Services Staff (2009).
- ¹⁵ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁶ The waivers reflected in this table are those that were in existence in 2008.

CALIFORNIA



	California, 2008	United States, 2008
Population ¹	36,756,666	304,059,724
Medicaid Enrollment ²	6,557,024	43,601,565
CHIP Enrollment ³	1,062,303	4,835,639
% of Pop. on Medicaid	17.84%	14.34%
% of Pop. on CHIP	2.89%	1.59%
Medicaid FMAP ⁴	50%	50% - 76.29%
CHIP FMAP ⁵	65%	65% - 83.40%
% Managed Care ⁶	51.60%	70.91%

This State profile provides background information about California's Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁹

The California Department of Health Care Services administers the California Medicaid and CHIP programs. The California CHIP program, Healthy Families, is a combination program and operates through California's Medicaid program, Medi-Cal.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to specific mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these California covers. California covers 6 optional eligibility groups.¹⁰

TABLE 1: CALIFORNIA'S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL) ⁸
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
√	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

CALIFORNIA

Services Covered

In addition to covering optional eligibility groups, States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 3 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in California. California covers 20 of the commonly covered optional services.¹¹

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹²

In California, most fee-for-service claims are processed through the State's MMIS. However, the following types of claims are not processed in the State's MMIS: maternity payments, health insurance premium payments, dental claims, Department of Developmental Services waivers, state hospital payments, and in-home supporting services program payments.¹³

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. California operates 8 waivers under its Medicaid program as shown in Table 3.¹⁴

TABLE 2: CALIFORNIA'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
√	Occupational therapy
	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
√	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

CALIFORNIA

TABLE 3: POPULATIONS AND SERVICES COVERED IN CALIFORNIA’S MEDICAID WAIVERS, 2008¹⁵

1115 Waivers	
<p>California Bridge to Health Reform <i>Adults, ages 19-64, with incomes at or below 133 percent of FPL, who do not qualify for Medi-Cal under the usual rules.</i> health care coverage through county-based Low Income Health Programs</p>	
1915(c) Waivers	
<p>California Home and Community Based Services Waiver for Persons with Mental Retardation/Developmental Disabilities <i>Individuals with mental retardation and developmental disabilities</i> To provide homemaker, home health aide, respite, day habilitative, residential habilitative for children services, prevocational & supported employment, environmental accessibility mods, skilled nursing, transportation, specialized medical equipment/supplies, chore, personal emergency response services, family training, adult residential care-adult foster care/assisted living/adult supported living, vehicle adaptations, communication aides, crisis intervention-crisis intervention facility services/ mobile crisis intervention, nutritional consultation, behavior intervention, specialized therapeutic services, transition/set up expenses</p> <p>California Nursing Facility/Acute Hospital Waiver <i>Individuals age 65 and older with physical disabilities and persons ages 0-64, with medically fragile conditions and technological dependencies</i> Provides case management, personal care, habilitation, home respite, facility respite, community transition, environmental accessibility adaptations, family training, personal emergency response services, personal emergency response service-installation and testing, private duty nursing including shared services, transitional case management, medical equipment operating expenses</p> <p>California HIV/AIDS Waiver <i>Individuals of all ages with HIV/AIDS, and persons age 65 years and older with physical disabilities</i> Provides enhanced case management, homemaker, attendant care, psychotherapy, Medi-Cal supplement for infants and children in foster care, nonemergency medical transportation, nutritional counseling, nutritional supplements, home delivered meals, extended skilled nursing/registered nurse, extended skilled nursing/licensed vocational nurse, extended specialized medical equipment and supplies, extended minor physical adaptations to the home</p>	<p>California Pediatric Palliative Care <i>Individuals ages 0-20 with medically fragile conditions and technological dependencies</i> Provides care coordination, home respite care, expressive therapies, family counseling, family training, out of home respite care, pain and symptom management</p> <p>California Assisted Living <i>Individuals age 65 and older and persons with physical disabilities ages 21-64</i> Provides assisted care services homemaker/home health aide/personal care, assisted living services homemaker/home health aide/personal care, care coordination, environmental accessibility adaptations, nursing facility transition</p> <p>California Multipurpose Senior Services Program <i>Individuals age 65 and older</i> Provides care management, respite care, supplemental personal care, adult day care, adult day support center, communication, housing assistance, nutritional services, protective services, purchased care management, supplemental chore, supplemental health care, supplemental professional care assistance, supplemental protective supervision, transportation</p> <p>California In Home Operations <i>Individuals with medically fragile conditions and technological dependencies</i> Provides case management/coordination, habilitation services, home respite, waiver personal care, community transition, environmental accessibility adaptations, facility respite, family training, medical equipment operating expense, personal emergency response service-installation and testing, personal emergency response services, private duty nursing-including shared services, transitional case management</p>

CALIFORNIA

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemactable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from: <http://www.statehealthfacts.org/comparemactable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ California Medicaid provides coverage for infants and pregnant women up to 200% FPL.
- ⁹ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ¹⁰ California Department of Health Care Services. (2012). "California's Medicaid State Plan (Title XIX)." <http://www.dhcs.ca.gov/formsandpubs/laws/pages/californiastateplan.aspx>
- ¹¹ Kaiser Family Foundation. (2008). "Benefits by States: California (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=5&yr=4&cat=0&nt=on>
- ¹² Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹³ Personal communication with California Department of Health Care Services Staff (2012).
- ¹⁴ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁵ The waivers reflected in this table are those that were in existence in 2008.

COLORADO

	Colorado, 2008	United States, 2008
Population ¹	4,939,456	304,059,724
Medicaid Enrollment ²	407,160	43,601,565
CHIP Enrollment ³	60,166	4,835,639
% of Pop. on Medicaid	8.24%	14.34%
% of Pop. on CHIP	1.22%	1.59%
Medicaid FMAP ⁴	50.00%	50% - 76.29%
CHIP FMAP ⁵	65.00%	65% - 83.40%
% Managed Care ⁶	96.36%	70.91%

This State profile provides background information about the Colorado's Medicaid program to improve the interpretation and use of data drawn from the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁹

The Colorado Department of Health Care Policy and Financing administers the Colorado Medicaid and CHIP programs. The Colorado CHIP program, Child Health Plan Plus, is a standalone program that operates independent of Colorado's Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to specific mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Colorado covers. Colorado covers 6 optional eligibility groups.¹⁰

TABLE 1: COLORADO'S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirement
√	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waiver
√	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
√	Aged, blind, or disabled recipients of state supplementary income payments ⁸
	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

COLORADO

Services Covered

In addition to covering optional eligibility groups, States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Colorado. Colorado covers 18 of the commonly covered optional services.¹¹

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹² In Colorado, claims are processed through the State's MMIS.¹³

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Colorado operates 10 waivers under its Medicaid program as shown in Table 3.¹⁴

TABLE 2: COLORADO'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
	Chiropractic services
√	Clinic services
√	Prosthetic devices
	Dentures
√	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
√	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

COLORADO

TABLE 3: POPULATIONS AND SERVICES COVERED IN COLORADO'S MEDICAID WAIVERS, 2008¹⁵

1915(c) Waivers

Colorado Persons with Brain Injury

Individuals ages 16-64 with brain injury

Provides adult day health, day treatment, personal care, respite, behavioral programming and education, consumer directed attendant support, environmental mods, independent living skills training, mental health counseling, non-medical transportation, personal emergency response services, specialized medical equipment and supplies, substance abuse counseling, supported living program, transitional living program

Colorado Children's Home and Community Based Services Waiver

Individuals ages 0-17 with medically fragile conditions

Provides case management, consumer directed attendant support, in home support

Colorado Elderly, Blind, Disabled

Individuals age 65 and older, and persons with physical disabilities ages 18-64

Provides adult day health, homemaker, personal care, respite, alternative care facility, community transition service, consumer directed attendant support services, home mods, in home support services, medication reminder, non-medical transportation, personal emergency response service

Colorado Persons Living with AIDS

Individuals with HIV/AIDS

Provides adult day health, homemaker, personal care, consumer directed attendant support services, medication reminder, non-medical transportation, personal emergency response service

Colorado Home and Community Based Services for Children with Autism

Children ages 0-5 with autism

Provides behavioral therapy

Colorado Children's Habilitation Residential Program

Individuals ages 0 - 20 with developmental disabilities

Provides care management, habilitation, respite, behavioral services, professional services, supported community connections

Colorado Children's Extensive Support

Individuals ages 0 - 17 with developmental disabilities

Provides homemaker, personal care, respite, vision, adapted therapeutic recreational equipment and fees, assistive technology, behavioral services, community connector, consumer directed attendant support, home accessibility adaptations, parent education, professional services, specialized medical equipment and supplies, vehicle modifications

Colorado Support Living Services

Individuals ages 18 and older with developmental disabilities

Provides day habilitative services, homemaker, personal care, respite, supported employment, dental, vision, assistive technology, behavioral services, consumer directed attendant support, home accessibility adaptations, mentorship, nonmedical transportation, personal emergency response, professional services, specialized medical equipment and supplies, vehicle modifications

Colorado Developmental Disabilities

Individuals ages 18 and older with developmental disabilities

Provides day habilitative services, residential habilitative services, supported employment, dental, vision, behavioral services, nonmedical transportation, specialized medical equipment and supplies

Colorado Children with Life Limiting Illness

Individuals ages 0-18 with medically fragile conditions

Provides respite care, expressive therapy, individual and family/caregiver counseling and bereavement services, palliative/supportive care services provided concurrently w/curative care services

COLORADO

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ Colorado Medicaid only provides coverage for aged individuals in this optional eligibility group.
- ⁹ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ¹⁰ Colorado Department of Health Care Policy and Financing. (2012). "Medicaid State Plan." Available from: <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197969486289>.
- ¹¹ Kaiser Family Foundation. (2008). "Benefits by States: Colorado (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=6&yr=4&cat=0&nt=on>
- ¹² Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹³ Personal communication with Colorado Department of Health Care Policy and Financing Staff (2012).
- ¹⁴ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁵ The waivers reflected in this table are those that were in existence in 2008.

CONNECTICUT



	Connecticut, 2008	United States, 2008
Population ¹	3,501,252	304,059,724
Medicaid Enrollment ²	416,199	43,601,565
CHIP Enrollment ³	15,432	4,835,639
% of Pop. on Medicaid	11.89%	14.34%
% of Pop. on CHIP	0.44%	1.59%
Medicaid FMAP ⁴	50.00%	50% - 76.29%
CHIP FMAP ⁵	65.00%	65% - 83.40%
% Managed Care ⁶	65.33%	70.91%

This State profile provides background information about Connecticut’s Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁹

The Connecticut Department of Social Services administers Connecticut’s Medicaid and CHIP programs. The Connecticut CHIP program, Husky B, is a standalone program that operates independent of the Connecticut Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Connecticut covers. Connecticut covers 5 optional eligibility groups.^{10,11}

TABLE 1: CONNECTICUT’S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL) ⁸
√	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
√	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
√	Aged, blind, or disabled recipients of state supplementary income payments
	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
	Certain uninsured or low-income women who are screened for breast or cervical cancer
	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state’s eligibility level

CONNECTICUT

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Connecticut. Connecticut covers 14 of the commonly covered optional services.¹²

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹³ In Connecticut, all of fee-for-service claims were processed through MMIS in 2009.¹⁴

TABLE 2: CONNECTICUT'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
	Occupational therapy
√	Diagnostic, screening, and preventative services
	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
	Personal care services
	Physical therapy
	Podiatrist services
√	Prescribed drugs
	Private duty nurses
	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

CONNECTICUT

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Oklahoma currently operates 3 waivers under its Medicaid program, but was operating 4 waivers in 2008, as shown in Table 3.¹⁵

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ Connecticut Medicaid provides coverage for pregnant women up to 250% FPL.
- ⁹ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ¹⁰ Connecticut Department of Social Services. (2009). "Facts About Medicaid..." Available from: <http://www.ct.gov/dss/lib/dss/pdfs/medicaid.pdf>.
- ¹¹ Centers for Medicare & Medicaid Services. (no date). "Medicaid State Plan Amendments." Available from: <http://www.medicare.gov/State-Resource-Center/Medicaid-State-Plan-Amendments/Medicaid-State-Plan-Amendments.html>
- ¹² Kaiser Family Foundation. (2008). "Benefits by States: Connecticut (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=7&yr=4&cat=0&nt=on>
- ¹³ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹⁴ Personal communication with Connecticut Department of Social Services Staff (2009).
- ¹⁵ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>

TABLE 3: POPULATIONS AND SERVICES COVERED IN CONNECTICUT'S MEDICAID WAIVERS, 2008

1915(c) Waivers

Connecticut Acquired Brain Injury (ABI)

Physically disabled & brain injury 18 years and older

Provides case management, homemaker, personal care, prevocational, supported employment, respite, community living support, home delivered meals, independent living skill training, cognitive behavioral programs, substance abuse program, transitional living, vehicle mods, chore, environmental accessibility adaptations, transportation, personal emergency response service, companion, specialized medical equipment and supplies (Expired 2011)

Connecticut Comprehensive Supports

Persons with developmental disabilities ages 18 and older and persons with mental retardation ages 3 and older

Provides adult day health, community training homes/community living arrangements, group day supports, live-in caregiver, respite, supported employment, independent support brokers, adult companion, assisted living, clinical behavioral support, environmental mods, health care coordination, individual goods and services, individualized day supports, individualized home supports, interpreter, nutrition, personal emergency response service, personal support, specialized medical equipment and supplies, transportation, vehicle mods

Connecticut Personal Care Assistance

Physically disabled individuals ages 18-64

Provides personal care, assistive technology, personal emergency response service

Connecticut HCBS for Elders

Individuals ages 65 and older

Provides adult day health, care management, homemaker, personal care assistant, respite, assisted living, assistive technology, chore, companion, environmental accessibility adaptations, home delivered meals, mental health counseling, personal emergency response service, transportation

DELAWARE



	Delaware, 2008	United States, 2008
Population ¹	873,092	304,059,724
Medicaid Enrollment ²	153,124	43,601,565
CHIP Enrollment ³	54,84	4,835,639
% of Pop. on Medicaid	17.54%	14.34%
% of Pop. on CHIP	0.63%	1.59%
Medicaid FMAP ⁴	50.00%	50% - 76.29%
CHIP FMAP ⁵	65.00%	65% - 83.40%
% Managed Care ⁶	63.66%	70.91%

This State profile provides background information about Delaware's Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁹

The Delaware Department of Health and Social Services administers Delaware's Medicaid and CHIP programs. Delaware's CHIP program, The Delaware Healthy Children Program, is a combination program that operates through the Delaware Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Delaware covers. Delaware covers 2 optional eligibility groups.^{10,11}

TABLE 1: DELAWARE'S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the FPL ⁸
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
√	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
	Certain uninsured or low-income women who are screened for breast or cervical cancer
	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

DELAWARE

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Delaware. Delaware covers 16 the commonly covered optional services.¹²

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹³ In Delaware, most fee-for-service claims are processed through the State's MMIS. However, in 2009, the following claims were processed outside MMIS in Delaware: behavioral health, non-emergency transportation (NET), and salary payments for case workers processed by the Delaware Department of Aging.¹⁴

TABLE 2: DELAWARE'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
	Case management services
	Chiropractic services
√	Clinic services
√	Prosthetic devices
	Dentures
√	Occupational therapy
	Diagnostic, screening, and preventative services
√	Hospice care
	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
√	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

DELAWARE

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Delaware operates 4 waivers under its Medicaid program as shown in Table 3.¹⁵

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ Delaware Medicaid provides coverage for infants and pregnant women up to 200% FPL.
- ⁹ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ¹⁰ State of Delaware. (2012). "Frequently Asked Questions About Medicaid and Medical Assistance." Available from: <http://dhss.delaware.gov/dhss/dmma/faqs.html#q4>
- ¹¹ Centers for Medicare & Medicaid Services. (no date). "Medicaid State Plan Amendments." Available from: <http://www.medicare.gov/State-Resource-Center/Medicaid-State-Plan-Amendments/Medicaid-State-Plan-Amendments.html>
- ¹² Kaiser Family Foundation. (2008). "Benefits by States: Delaware (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=8&yr=4&cat=0&nt=on>
- ¹³ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹⁴ Personal communication with Delaware Department of Health and Social Services.
- ¹⁵ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>

TABLE 3: POPULATIONS AND SERVICES COVERED IN DELAWARE'S MEDICAID WAIVERS, 2008

1115 Waiver

Delaware Diamond State Health Plan

Working age adults without dependent children who normally are not eligible for Medicaid, Women whose Medicaid coverage ends following their pregnancy, depending on their income

Health care coverage, participants may have to enroll with a health plan in order to receive coverage, women whose Medicaid coverage ends following their pregnancy can receive coverage for family planning services for up to two years

1915(c) Waivers

Delaware AIDS/HIV Related Diseases

Individuals with HIV/AIDS ages 1 and older

Provides case management, personal care, respite, mental health services, nutritional support

Delaware Renewal Division of Developmental Disabilities Services

Individuals with autism, mental retardation, developmental disabilities ages 4 and older

Provides case management, day habilitation, prevocational services, residential habilitation, supported employment, clinical services/behavioral consultative services, transportation-residential services

Delaware Elderly and Disabled

Aged individuals aged 65 and older and physically disabled individuals ages 18-64

Provides adult day services, day habilitation, personal care, respite, assisted living, cognitive services, personal emergency response service, specialized medical equipment and supplies

FLORIDA



	Florida, 2008	United States, 2008
Population ¹	18,328,340	304,059,724
Medicaid Enrollment ²	2,151,686	43,601,565
CHIP Enrollment ³	231,226	4,835,639
% of Pop. on Medicaid	11.74%	14.34%
% of Pop. on CHIP	1.26%	1.59%
Medicaid FMAP ⁴	56.83%	50% - 76.29%
CHIP FMAP ⁵	69.78%	65% - 83.40%
% Managed Care ⁶	63.34%	70.91%

This State profile provides background information about Florida’s Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The Florida Department of Health administers Florida’s Medicaid and CHIP programs. Florida’s CHIP program, KidCare, is a combination program that operates through Florida’s Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Florida covers. Florida covers 5 optional eligibility groups.⁹

TABLE 1: FLORIDA’S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirement
√	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waiver
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state’s eligibility level

FLORIDA

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Florida. Florida covers 18 of the commonly covered optional services.¹⁰

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹¹ In Florida, most claims are processed through the State’s MMIS, with the exception of the following programs: Opt-Out program, Children’s Medical Services, Behavioral Health Network, and Florida Healthy Kids.¹²

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Florida operates 10 waivers under its Medicaid program as shown in Table 3.¹³

TABLE 2: FLORIDA'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
	Personal care services
	Physical therapy
√	Podiatrist services
√	Prescribed drugs
	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

FLORIDA

TABLE 3: POPULATIONS AND SERVICES COVERED IN FLORIDA'S MEDICAID WAIVERS, 2008¹⁴

1115 Waiver

Florida Family Planning Waiver

Women, ages 14-55, with a family income at or below 185% FPL, who are not otherwise eligible for Medicaid or CHIP, and do not have any other health insurance coverage that provides family planning services.

Provides coverage for family planning and family planning related services. Eligibility for the Demonstration is limited to 2 years.

Florida Medicaid Reform

Families whose income is below the TANF limit with assets less than \$2,000; Poverty-related children whose family income exceeds the TANF limit, up to age one, family income up to 185% FPL, up to age 6, family income up to 133% FPL, and up to age 21, family income up to 100% FPL; Individuals ages and with disabilities, children eligible under SSI
Provides health care coverage

Florida MEDS-AD

Individuals age 65 and up and persons with disabilities with income up to 88% FPL.
Provides state plan benefits and may also receive pharmacy case management services.

1915(b) Waivers

Florida Statewide Inpatient Psychiatric Program

N/A
To improve transition from inpatient to community-based care through a 1915(b)(4) selective contract waiver

1915(c) Waivers

Florida Project AIDS Care

Individuals with HIV/AIDS
Provides case management, day health care, homemaker, personal care, skilled nursing-registered nurse/licensed practical nurse, specialized medical equipment and supplies, therapeutic management of substance abuse, chore-pest control/other, education and support, environmental accessibility adaptations, home delivered meals, restorative massage, specialized personal care for children in foster care

Florida Family and Supported Living

Individuals with autism, developmental disabilities, mental retardation ages 3 and older
Provides adult day training, respite, support coordination, supported employment, transportation, behavior analysis, behavior assistant, community guide, environmental accessibility adaptations, in-home support, personal emergency response service, specialized medical equipment and supplies, supported living coaching

Florida Alzheimer's Disease Program

Individuals age 65 and older, and persons with physical disabilities ages 60-64
Provides adult day health, case management, personal care, respite, incontinence supplies, behavioral assessment/intervention, caregiver training, environmental mods, pharmacy review, wanderer alarm system, wanderer identification and location system

Florida Assisted Living for The Elderly

Individuals 65 and older, and persons with physical disabilities ages 60-64
Provides assisted living, case management, incontinence supplies

Florida Channeling for the Frail Elderly

Individuals age 65 and older
Provides case management, home health aide, personal care, respite, physical therapy, skilled nursing, special medical equipment, special medical supplies, adult companion, adult day health care, chore, environmental accessibility adaptations, family training, financial education and protective services, in-home counseling, occupational therapy, personal emergency response service, special drug and nutritional assessment, special home delivered meals, speech therapy

Florida Aged and Disabled Adult

Individuals age 65 and older, and persons with disabilities ages 18-64
Provides adult day health care, attendant care, case management, homemaker, respite in-home, consumable medical supplies-enhanced, consumable medical supplies, counseling, occupational therapy, personal care, physical therapy, respiratory therapy, skilled nursing, specialized medical equipment/supplies, speech therapy, adult companion, caregiver training/support-group, caregiver training/support-individual, case aide, chore-enhanced, chore, escort, financial risk reduction-assessment, financial risk reduction-maintenance, home accessibility adaptations, home delivered meals, nutritional risk reduction, personal emergency response service-installation, personal emergency response service-maintenance, pest control-initial visit, pest control-maintenance, physical risk reduction, rehabilitation engineering evaluation, respite-facility-based

FLORIDA

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ Florida Agency for Health Care Administration (no date). "Medicaid State Plan Under Title XIX of the Social Security Act." Available from: <http://www.fdhc.state.fl.us/Medicaid/stateplan.shtml>
- ¹⁰ Kaiser Family Foundation. (2008). "Benefits by States: Florida (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=1&yr=4&cat=0&nt=on>
- ¹¹ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹² Personal communication with Florida Agency for Health Care Administration Staff (2011).
- ¹³ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁴ The waivers reflected in this table are those that were in existence in 2008.

GEORGIA



	Georgia, 2008	United States, 2008
Population ¹	9,685,744	304,059,724
Medicaid Enrollment ²	1,266,946	43,601,565
CHIP Enrollment ³	225,497	4,835,639
% of Pop. on Medicaid	13.08%	14.34%
% of Pop. on CHIP	2.33%	1.59%
Medicaid FMAP ⁴	63.10%	50% - 76.29%
CHIP FMAP ⁵	74.17%	65% - 83.40%
% Managed Care ⁶	91.86%	70.91%

This State profile provides background information about Georgia’s Medicaid program to improve the interpretation and use of data drawn from the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The Georgia Department of Community Health administers Georgia’s Medicaid and CHIP programs. The Georgia CHIP program, Peach Care, is a standalone program that operates independent of Georgia’s Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Georgia covers. Georgia covers 5 optional eligibility groups.⁹

TABLE 1: GEORGIA’S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
√	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state’s eligibility level

GEORGIA

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Georgia. Georgia covers 14 of the commonly covered optional services.¹⁰

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹¹ In Georgia, most claims are processed through the State’s MMIS. However, the following are processed outside the State’s MMIS: pharmacy claims, health insurance premium payments (HIPP), Money Follows the Person program, upper payment level (UPL) and disproportional share hospital (DSH) payments, and administrative expenditures.¹²

TABLE 2: GEORGIA'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
	Chiropractic services
√	Clinic services
√	Prosthetic devices
	Dentures
	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
	Personal care services
	Physical therapy
√	Podiatrist services
√	Prescribed drugs
	Private duty nurses
	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

GEORGIA

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Georgia operates 6 waivers under its Medicaid program as shown in Table 3.¹³

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparamtable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from: <http://www.statehealthfacts.org/comparamtable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenters/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ Georgia Department of Community Health (2012). "Georgia Medicaid State Plan." Available from: <http://dch.georgia.gov/medicaid-state-plan>
- ¹⁰ Kaiser Family Foundation. (2008). "Benefits by States: Georgia (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=11&yr=4&cat=0&ent=on>
- ¹¹ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹² Personal communication with Georgia Department of Community Health Staff (2012).
- ¹³ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁴ The waivers reflected in this table are those that were in existence in 2008.

TABLE 3: POPULATIONS AND SERVICES COVERED IN GEORGIA'S MEDICAID WAIVERS, 2008¹⁴

1915(c) Waivers

Georgia Elderly and Disabled

Individuals age 65 and older, and persons with physical disabilities ages 0 – 64

Provides adult day health, out-of-home respite, personal support services/personal support extended/consumer directed personal support services, alternative living services, emergency response, enhanced care management, financial management services, home delivered meals, home delivered services, skilled nurses services

Georgia New Options Waiver

Individuals with mental retardation and developmental disabilities

Provides community living support, respite, support coordination, supported employment, specialized med equip & supplies, community guide & access, financial support, adult dental, adult occupational therapy, physical therapy, speech and language therapy, behavioral supports consult, environmental access adaptations, interdisciplinary groups, natural support, transportation, vehicle adaptation

Georgia Pediatric Program

Individuals ages 0-5 with technological dependencies and who are medically fragile

Provides home health aide, skilled nursing-high tech, skilled nursing-low tech, transportation

Georgia Community Based Alternatives for Youth

Individuals with mental illness ages 18-2 and individuals with serious emotional disturbances ages 1-17

Provides care management, respite, supported employment, community guide, community transition, consultative clinical and therapeutic, customized goods and services, family training/supports, financial support, transportation, wraparound services-unskilled

Georgia Comprehensive Supports Waiver Program

Individuals with mental retardation/developmental disabilities

Provides community living support, prevocational services, respite, support coordination, supported employment, specialized medical equipment, specialized medical supplies, community guide, financial support services, adult dental, adult occupational therapy, adult physical therapy, adult speech and language therapy, behavioral supports consultation, community access, community residential alternative, environmental accessibility adaptation, individual directed goods and services, natural support training, transportation, vehicle adaptation

Georgia Independent Care Waiver Program

Individuals with physical disabilities ages 21-64

Provides case management, adult day (full day/>5 hours), adult day (half day/3-5 hours), alternative living service, behavioral support, counseling, enhanced case management, environmental mods, financial management services, personal emergency response installation, personal emergency response, personal support (consumer directed care), personal support (level 1 TBI), personal support (level 1), personal support (level 2 TBI), personal support (level 2), personal support (level 3 TBI), personal support (level 3), respite care (level I - 15 min), respite care (level I - full day), respite care (level I - TBI 15 min), respite care (level I - TBI full day), respite care (level II - 15 min), respite care (level II - full day), respite care (level II - TBI 15 min), respite care (level II - TBI full day), respite care (level III - 15 min), respite care (level III - full day), respite care (level III - TBI 15 min), respite care (level III - TBI full day), skilled nursing, specialized medical equipment (TBI), specialized medical equipment, vehicle adaptation

IDAHO



	Idaho, 2008	United States, 2008
Population ¹	1,523,816	304,059,724
Medicaid Enrollment ²	175,063	43,601,565
CHIP Enrollment ³	26,811	4,835,639
% of Pop. on Medicaid	11.49%	14.34%
% of Pop. on CHIP	1.76%	1.59%
Medicaid FMAP ⁴	69.87%	50% - 76.29%
CHIP FMAP ⁵	78.91%	65% - 83.40%
% Managed Care ⁶	83.39%	70.91%

This State profile provides background information about Idaho’s Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The Idaho Department of Health and Welfare administers the Idaho Medicaid and CHIP programs. The Idaho CHIP program, Idaho Health Plan, is a combination program that operates through the Idaho Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Idaho covers. Idaho covers 6 optional eligibility groups.⁹

TABLE 1: IDAHO’S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
√	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
√	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state’s eligibility level

IDAHO

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Idaho. Idaho covers 21 of the commonly covered optional services.¹⁰

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹¹ In Idaho, all of the claims are processed through the State's MMIS.¹²

TABLE 2: IDAHO'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
√	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
√	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

IDAHO

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Idaho operates 3 waivers under its Medicaid program as shown in Table 3.¹⁴

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ Idaho Department of Health and Welfare. (no date). "About Medicaid." Available from: <http://www.healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx>
- ¹⁰ Kaiser Family Foundation. (2008). "Benefits by States: Idaho (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=13&yr=4&cat=0&nt=on>
- ¹¹ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹² Personal communication with Idaho Department of Health and Welfare Staff (2011).
- ¹³ The waivers reflected in this table are those that were in existence in 2008.
- ¹⁴ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>

TABLE 3: POPULATIONS AND SERVICES COVERED IN IDAHO'S MEDICAID WAIVERS, 2008¹³

1115 Waiver

Idaho Children's Access Card Demonstration

Children eligible for the title XXI Medicaid expansion with incomes between 100% and 133% FPL and children eligible for CHIP with incomes between 133% and 185% FPL. Uninsured parents of children who are eligible for Medicaid or CHIP with incomes through 185% FPL

Provides the option of enrolling in the Access Card premium assistance program

1915(c) Waivers

Idaho Developmental Disabilities

Individuals ages 18 and older with autism, developmental disabilities, mental retardation
Provides residential habilitative, respite, supported employment, specialized medical equipment and supplies, community support, support broker, adult day care, behavior consultation/crisis management, chore, environmental accessibility adaptation, home delivered meals, personal emergency response services, skilled nursing, transportation

Idaho Aged and Disabled

Individuals aged 65 and older, and persons ages 18-64 with physical disabilities
Provides adult day care, attendant care, day habilitative services, homemaker, residential habilitative services, respite, service coordination, supported employment, adult residential care, behavior consultation/crisis management, chore, companion services, consultation, environmental accessibility adaptations, home delivered meals, nonmedical transportation, personal emergency response services, psychiatric consultation, skilled nursing, specialized medical equipment and supplies

ILLINOIS



	Illinois, 2008	United States, 2008
Population ¹	12,901,563	304,059,724
Medicaid Enrollment ²	2,043,373	43,601,565
CHIP Enrollment ³	186,107	4,835,639
% of Pop. on Medicaid	15.84%	14.34%
% of Pop. on CHIP	1.44%	1.59%
Medicaid FMAP ⁴	50.00%	50% - 76.29%
CHIP FMAP ⁵	65.00%	65% - 83.40%
% Managed Care ⁶	55.42%	70.91%

This State profile provides background information about Illinois' Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. This State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.¹⁰

The Illinois Department of Healthcare and Family Services administers the Illinois Medicaid and CHIP programs. The Illinois CHIP program, All Kids, is a combination program that operates through the Illinois Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Illinois covers. Illinois covers 5 optional eligibility groups.^{11,12}

TABLE 1: ILLINOIS'S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL) ⁸
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirement
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waiver
√	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work ⁹
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

ILLINOIS

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Illinois. Illinois covers 20 of the commonly covered optional services.¹³

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹⁴ In Illinois, most fee-for-service claims are processed through the State’s MMIS. In 2009, dental claims were processed outside the MMIS.¹⁵

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Illinois operates 10 waivers under its Medicaid program as shown in Table 3.¹⁶

TABLE 2: ILLINOIS'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
√	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

ILLINOIS

TABLE 3: POPULATIONS AND SERVICES COVERED IN ILLINOIS'S MEDICAID WAIVERS, 2008¹⁷

1115 Waiver

Illinois Healthy Women

Women, ages 19-44, with a family income up to 200% FPL, who are not otherwise eligible for Medicaid or CHIP or have any other health insurance coverage that provides family planning services

Family planning and family planning related services

1915(c) Waivers

Illinois HCBS Waiver for Persons with HIV or AIDS

Individuals with HIV/AIDS ages 0 and older

Provides adult day care, home health aide, homemaker, personal assistant, respite, environmental accessibility adaptations, home delivered meals, intermittent nursing, nursing, occupational therapy, personal emergency response service, physical therapy, specialized medical equipment, speech therapy

Illinois Persons with Disabilities

Persons who are physically disabled ages 0 - 59

Provides adult day care, home health aide, homemaker, personal assistant, respite, environmental accessibility adaptations, home delivered meals, intermittent nursing, nursing, occupational therapy, personal emergency response service, physical therapy, specialized medical equipment, speech therapy

Illinois HCBS Waiver for Persons with Brain Injury

Individuals with brain injury ages 0 and older

Provides adult day care, day habilitative services, home health aide, homemaker, personal assistant, prevocational, respite, supported employment, cognitive behavioral therapies, environmental accessibility adaptations, home delivered meals, intermittent nursing, nursing, occupational therapy, personal emergency response service, physical therapy, specialized medical equipment, speech therapist

Illinois HCBS Waiver for Children that are Medically Fragile, Technology Dependent

Individuals who are medically fragile and technology dependent ages 0 - 20

Provides respite, environmental accessibility adaptations, family training, medically supervised day care, nurse training, placement maintenance counseling, specialized medical equipment and supplies

Illinois Supportive Living Program

Individuals aged 65 years and older, and persons who are disabled ages 22-64

Provides assisted living services

Illinois HCBS Waiver for Persons Who are Elderly

Individuals aged 65 and older, and persons who are physically disabled ages 60-64

Provides adult day, in-home service, emergency home response services

Illinois Waiver for Adults with Developmental Disabilities

Individuals with autism, developmental disabilities, or mental retardation ages 18 and older

Provides adult day care, community integrated living arrangement and community living facility, developmental training, supported employment, personal support, home accessibility mods, vehicle mods, nonmedical transportation, adaptive equipment, assistive technology, personal emergency response service, training and counseling services for unpaid caregivers, behavior intervention and treatment, behavioral services (psychotherapy and counseling), skilled nursing, crisis services, physical therapy, occupational therapy, speech therapy, service facilitation

IL Residential Waiver for Children and Young Adults with Developmental Disabilities

Individuals with autism, developmental disabilities, or mental retardation ages 3-21

Provides child group home, adaptive equipment, assistive technology, behavior intervention and treatment

Illinois Support Waiver for Children and Young Adults with Developmental Disabilities

Unpaid caregivers, and vehicle mods for individuals with autism, mental retardation, developmental disabilities ages 3-21

Provides adaptive equipment, service facilitation, assistive technology, behavior intervention and treatment, home accessibility mods, personal support, temporary assistance, training and counseling services

ILLINOIS

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ Illinois Medicaid provides coverage for infants and pregnant women up to 200% FPL.
- ⁹ Illinois Medicaid provides coverage for working-and-disabled persons up to 350% FPL.
- ¹⁰ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ¹¹ Illinois Department of Healthcare and Family Services. (2012). "Medical Programs Listings." Available from: <http://www2.illinois.gov/hfs/MedicalCustomers/Programs/Pages/default.aspx>
- ¹² Centers for Medicare & Medicaid Services. (no date). "Medicaid State Plan Amendments." Available from: <http://www.medicare.gov/State-Resource-Center/Medicaid-State-Plan-Amendments/Medicaid-State-Plan-Amendments.html>
- ¹³ Kaiser Family Foundation. (2008). "Benefits by States: Illinois (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=14&yr=4&cat=0&nt=on>
- ¹⁴ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹⁵ Personal communication with Illinois Department of Healthcare and Family Services Staff (2009).
- ¹⁶ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁷ The waivers reflected in this table are those that were in existence in 2008.

INDIANA



	Indiana, 2008	United States, 2008
Population ¹	6,376,792	304,059,724
Medicaid Enrollment ²	827,369	43,601,565
CHIP Enrollment ³	71,253	4,835,639
% of Pop. on Medicaid	12.97%	14.34%
% of Pop. on CHIP	1.12%	1.59%
Medicaid FMAP ⁴	62.69%	50% - 76.29%
CHIP FMAP ⁵	73.88%	65% - 83.40%
% Managed Care ⁶	71.40%	70.91%

This State profile provides background information about Indiana’s Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The Indiana Family and Social Services Administration administers Indiana’s Medicaid and CHIP programs. The Indiana CHIP program, Hoosier Healthwise is a combination program that operates through the Indiana Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Indiana covers. Indiana covers 6 optional eligibility groups.⁹

TABLE 1: INDIANA’S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirement
√	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waiver
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
√	Aged, blind, or disabled recipients of state supplementary income payments
	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state’s eligibility level

INDIANA

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Indiana. Indiana covers 21 of the commonly covered optional services.¹⁰

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹¹ In Indiana, most fee-for-services claims are processed through the State’s MMIS. However, Indiana pays Health Care for the Indigent (HCI) emergency services outside of the State’s MMIS.¹²

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Indiana currently operates 6 waivers under its Medicaid program, but operated 8 in 2008 as shown in Table 3.¹

TABLE 2: INDIANA'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
√	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
√	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

INDIANA

TABLE 3: POPULATIONS AND SERVICES COVERED IN INDIANA'S MEDICAID WAIVERS, 2008¹⁴

		1115 Waiver
<p>Healthy Indiana Plan (HIP) <i>Working age adults with and without dependent children who are not covered under the Medicaid State plan</i> Offers health care coverage (Expires December 2012, renewal pending)</p>	<p>Indiana Disaster Relief <i>N/A</i> Relieved the State of certain administrative and operational requirements associated with operating its Medicaid and CHIP programs as a result of the natural disasters (Expired 2009)</p>	
		1915(b) Waivers
<p>Hoosier Healthwise <i>Low-income families, children, and pregnant women</i> Managed care program; case management, chiropractic, disease management, durable medical equipment, emergency, early and periodic screening diagnosis treatment, family planning, food supplements, federally qualified health center, hearing, home health, immunization, infant formulas, inpatient hospital, inpatient mental health, inpatient substance use disorders, laboratory, nutritional supplements, occupational therapy, organ transplants, out-of-state medical, outpatient hospital, outpatient mental health, outpatient substance use disorders, pharmacy, physical therapy, physician, podiatry, respiratory therapy, rural health clinic, smoking cessation, speech therapy, transportation, vision, x-ray (Expired 2011)</p>		
		191 (c) Waivers
<p>Indiana Traumatic Brain Injury <i>Individuals with brain injury</i> Provides adult day, attendant care, case management, homemaker, residential based habilitation, respite care, structured day program, supported employment, behavior management/behavior program and counseling, community transition, environmental mods, health care coordination, home delivered meals, nutritional supplements, occupational therapy, personal emergency response service, pest control, physical therapy, specialized medical equipment and supplies, speech-language therapy, transportation, vehicle mods</p>	<p>Indiana Developmental Disabilities <i>Individuals with autism, mental retardation, and developmental disabilities</i> Provides adult day, prevocational, rent and food for unrelated live-in caregiver, residential habilitation and support, respite, supported employment follow along, occupational therapy, physical therapy, psychological therapy, speech/language therapy, adult foster care, behavioral support, community based habilitative-group, community based habilitative-individual, community transition, electronic monitoring, environmental mods, facility based habilitative-group, facility based habilitative-individual, facility based support services, family and caregiver training, intensive behavior intervention, music therapy, personal emergency response service, recreational therapy, specialized medical equipment and supplies, transportation, workplace assistance</p>	
<p>Indiana Aged and Disabled <i>Individuals ages 65 and older with physical disabilities or individuals with physical disabilities ages 0-64</i> Provides adult day, attendant care, case management, homemaker, respite, adult foster care, assisted living, community transition, environmental mods, health care coordination, home delivered meals, nutritional supplements, personal emergency response service, pest control, specialized medical equipment and supplies, transportation, vehicle mods</p>	<p>Indiana Support Services <i>Individuals with autism, mental retardation, developmental disabilities</i> Provides adult day, prevocational, respite, supported employment follow along, occupational therapy, physical therapy, psychological therapy, speech/language therapy, behavioral support services, community based habilitative-group, community based habilitative-individual, facility based habilitative-group, facility based habilitative-individual, facility based support services, family and caregiver training, intensive behavioral intervention, music therapy, personal emergency response service, recreational therapy, specialized medical equipment and supplies, transportation, workplace assistance</p>	
<p>Indiana Autism <i>Individuals with autism and developmental disabilities</i> Provides adult day, day services, rent and food for unrelated live-in caregiver, residential habilitation and support, respite care, adult foster care, behavioral support services/crisis assistance, community transition, environmental mods, family and caregiver training, music therapy, occupational therapy, personal emergency response service, physical therapy, psychological therapy, recreational therapy, specialized medical equipment and supplies, speech/language therapy</p>		

INDIANA

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from:
http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from:
<http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from:
<http://communityplans.net/ResourceCenternbsp/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ Indiana Medicaid. (2010). "State Plan." Available from:
http://provider.indianamedicaid.com/ihcp/StatePlan/state_plan.asp
- ¹⁰ Kaiser Family Foundation. (2008). "Benefits by States: Indiana (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=15&yr=4&cat=0&nt=on>
- ¹¹ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from:
<http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹² Personal communication with Indiana Family and Social Services Administration Staff (2009).
- ¹³ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁴ The waivers reflected in this table are those that were in existence in 2008.

IOWA



	Iowa, 2008	United States, 2008
Population ¹	3,002,555	304,059,724
Medicaid Enrollment ²	334,991	43,601,565
CHIP Enrollment ³	34,580	4,835,639
% of Pop. on Medicaid	11.16%	14.34%
% of Pop. on CHIP	1.15%	1.59%
Medicaid FMAP ⁴	61.73%	50% - 76.29%
CHIP FMAP ⁵	73.21%	65% - 83.40%
% Managed Care ⁶	81.55%	70.91%

This State profile provides background information about Iowa’s Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The Iowa Department of Human Services administers the Iowa Medicaid and CHIP programs. The Iowa CHIP program, Hawk-I, is a combination program that operates through the Iowa Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Iowa covers. Iowa covers 8 optional eligibility groups.⁹

TABLE 1: IOWA’S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
√	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirement
√	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waiver
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
√	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state’s eligibility level

IOWA

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Iowa. Iowa covers 19 of the commonly covered optional services.¹⁰

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹¹ In Iowa, most claims are processed through the State’s MMIS, except for hospital insurance premium payments.¹²

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Iowa operates 10 waivers under its Medicaid program as shown in Table 3.¹³

TABLE 2: IOWA'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

IOWA

TABLE 3: POPULATIONS AND SERVICES COVERED IN IOWA'S MEDICAID WAIVERS, 2008¹⁴

1115 Waiver

Iowa Family Planning Network

women, ages 12-44, with a family income at or below 200 percent of the Federal poverty level, who are not otherwise eligible for Medicaid (other than IowaCare) or CHIP, and do not have any other health insurance coverage that provides family planning services

Provides coverage for family planning and family planning related services

Iowa Care

working age adults with and without dependent children who normally are not eligible for Medicaid or CHIP and spend-down pregnant women

Provides inpatient hospital, outpatient hospital, physician, advanced registered nurse practitioner, and a limited dental benefit. Spend-down pregnant women also receive obstetric services

Iowa Disaster Relief

individuals who receiving medical assistance "pending final confirmation and reconciliation" or individuals whose redetermination has been delayed

Individuals shall receive the same benefits as they currently receive under the program for which they are enrolled, e.g., Medicaid State plan, CHIP State plan, IowaCare section 1115 Demonstration, or Iowa Family Planning section 1115 Demonstration

191 (b) Waivers

Iowa Plan

Provides integrated mental health care and substance abuse rehabilitative services

191 (c) Waivers

Iowa Home and Community Based Services Waiver for Persons with Physical Disabilities

Persons physically disabled ages 18-64 years old

Provides individual directed goods and services, community support and employment, consumer directed attendant care, financial management services, home/vehicle mods, independent support broker, personal care, specialized medical equipment and transportation (Expires July 2012)

Iowa HCBS Intellectual Disabilities

Individuals with mental retardation

Provides adult day care, consumer directed attendant care skilled, day habilitation, home health aide, prevocational, residential based supported community living, respite, supported employment, nursing, financial management services, consumer directed attendant care unskilled, home and vehicle mods, independent support broker, individual directed goods and services, interim medical monitoring and treatment, personal emergency response service, self-directed community support and employment, self-directed personal care, supported community living, transportation

Iowa Ill and Handicapped

Individuals age 65 and older and persons age 0-64 with disabilities disabled

Provides adult day health, home health aide, homemaker, respite, nursing care, consumer directed attendant care skilled & unskilled, counseling, services to support self-direction, home vehicle mod, home delivered meals, personal emergency response service (Expires October 2012)

Iowa HCBS AIDS

Individuals with HIV/AIDS

Provides adult day health, homemaker, respite, home health aide, nursing services, financial management services, consumer directed attendant care-skilled, consumer directed attendant care-unskilled, counseling, home delivered meals, independent support broker, individual directed goods and services, self-directed community support and employment, self-directed personal care

Iowa HCBS Elderly

Individuals age 65 and older

Provides adult day health, case management, homemaker, respite, home health aide, nursing, financial management services, assistive devices, chore, consumer directed attendant care - skilled & unskilled, home and vehicle mods, home delivered meals, independent support brokerage, individual directed goods and services, mental health outreach, nutritional counseling, personal emergency response, self-directed companion, transportation

Iowa Brain Injury

Individuals with brain injury ages 30 days- 64 years

Provides adult day care, case management, consumer directed attendant care-skilled, prevocational services, respite, supported employment, financial management services-consumer choices option, behavioral programming, consumer directed attendant care-unskilled, family counseling and training, home and vehicle mods, independent support broker-consumer choices option, individual directed goods and services-consumer choices option, interim medical monitoring treatment, personal emergency response service, self-directed community support and employment, self-directed personal care-consumer choices option, specialized medical equipment, supported community living, transportation

IOWA

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ Iowa Medicaid Enterprise. (no date). "State Plan Documents." Available from: <http://www.ime.state.ia.us/StatePlan/index.html>
- ¹⁰ Kaiser Family Foundation. (2008). "Benefits by States: Iowa (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=16&yr=4&cat=0&nt=on>
- ¹¹ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹² Personal communication with Iowa Department of Human Services Staff (2010).
- ¹³ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁴ The waivers reflected in this table are those that were in existence in 2008.

KANSAS



	Kansas, 2008	United States, 2008
Population ¹	2,802,134	304,059,724
Medicaid Enrollment ²	253,685	43,601,565
CHIP Enrollment ³	38,047	4,835,639
% of Pop. on Medicaid	9.05%	14.34%
% of Pop. on CHIP	1.36%	1.59%
Medicaid FMAP ⁴	59.43%	50% - 76.29%
CHIP FMAP ⁵	71.60%	65% - 83.40%
% Managed Care ⁶	83.78%	70.91%

This State profile provides background information about Kansas’s Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The Kansas Department of Health and Environment administers the Kansas Medicaid and CHIP programs. The Kansas CHIP program, HealthWave, is a standalone program that operates independent of Kansas’ Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Kansas covers. Kansas covers 6 optional eligibility groups.⁹

TABLE 1: KANSAS’S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirement
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waiver
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
√	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state’s eligibility level

KANSAS

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Kansas. Kansas covers 17 of the commonly covered optional services.¹⁰

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Service has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹¹ In Kansas, claims are processed through the State’s MMIS.¹²

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Kansas operates 8 waivers under its Medicaid program as shown in Table 3.¹³

TABLE 2: KANSAS'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
	Chiropractic services
√	Clinic services
√	Prosthetic devices
	Dentures
√	Occupational therapy
	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

KANSAS

TABLE 3: POPULATIONS AND SERVICES COVERED IN KANSAS'S MEDICAID WAIVERS, 2008¹⁴

1915(b) Waiver

Kansas Children & Family Services Behavioral and Rehabilitative Treatment Services Waiver

Children served in foster care and adoption programs

Provide comprehensive behavioral and rehabilitative services

1915(c) Waivers

Kansas Technology Assisted

Individuals ages 0-21 with technological dependencies

Provides independent case management, long-term community care attendant service, medical respite care, financial management services, health maintenance monitoring, home mods, intermittent intensive medical care, specialized medical care

Kansas Mental Retardation/Developmental Disabilities

Individuals aged 5 and older with autism, developmental disabilities and mental retardation

Provides day supports, overnight respite care, personal assistant, residential supports, supported employment, assistive services, family-individual supports, medical alert rental, sleep cycle support, specialized medical care, supportive home care, temporary respite care, wellness monitoring for individuals w/autism

Kansas Autism

Individuals ages 0-5 with autism

Provides intensive individual supports, respite, consultative clinical & therapeutic services (autism specialist), family adjustment counseling, interpersonal communication therapy, parent support & training (peer-to-peer)

Kansas Frail and Elderly

Persons aged 65 and older

Provides adult day care, assistive technology, attendant care services-provider directed, attendant care services-self-directed, comprehensive support-provider directed, comprehensive support-self-directed, home telehealth, medication reminder, nursing evaluation visit, oral health, personal emergency response, sleep cycle support-self-directed, wellness monitoring

Kansas Traumatic Brain Injury

Individuals with brain injury 16-64 years old

Provides personal services, occupational therapy extended, physical therapy extended, speech/language extended, assistive services, behavior therapy, cognitive rehabilitation, personal emergency response service and installation, sleep cycle support, transitional living skills

Kansas Physical Disability

Physically disabled individuals ages 16-64

Provides personal services, assistive services, personal emergency response service and installation, sleep cycle support

Kansas Server Emotional Disturbance

Individuals ages 4-21 with severe emotional disturbance

Provides attendant care, independent living/skills building, short term respite care, parent support and training, professional resource family care, wraparound facilitation

KANSAS

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ Kansas Department of Health and Environment. (2012). "Kansas Medicaid State Plan." Available from: http://www.kdheks.gov/hcf/healthwave/state_plan.html
- ¹⁰ Kaiser Family Foundation. (2008). "Benefits by States: Kansas (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=17&yr=4&cat=0&nt=on>
- ¹¹ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹² Personal communication with Kansas Department of Health and Environment Staff (2009).
- ¹³ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁴ The waivers reflected in this table are those that were in existence in 2008.

KENTUCKY



	Kentucky, 2008	United States, 2008
Population ¹	4,269,245	304,059,724
Medicaid Enrollment ²	698,506	43,601,565
CHIP Enrollment ³	53,555	4,835,639
% of Pop. on Medicaid	16.36%	14.34%
% of Pop. on CHIP	1.25%	1.59%
Medicaid FMAP ⁴	69.78%	50% - 76.29%
CHIP FMAP ⁵	78.85%	65% - 83.40%
% Managed Care ⁶	90.83%	70.91%

This State profile provides background information about Kentucky's Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, for researchers using the 2008 CCW Medicaid data.⁹

The Kentucky Cabinet for Health and Family Services administers the Kentucky Medicaid and CHIP programs. The Kentucky CHIP program, KCHIP, is a combination program that operates through the Kentucky Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Kentucky covers. Kentucky covers 7 optional eligibility groups.¹⁰

TABLE 1: KENTUCKY'S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (✓)	COMMON OPTIONAL ELIGIBILITY GROUPS
✓	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
✓	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirement
✓	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
✓	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
✓	Aged, blind, or disabled recipients of state supplementary income payments
	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work ⁸
✓	Certain uninsured or low-income women who are screened for breast or cervical cancer
✓	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

KENTUCKY

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Kentucky. Kentucky covers 15 of the commonly covered optional services.¹¹

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Service has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹² In Kentucky, most payments are processed through the State's MMIS. The following are processed outside of the State's MMIS: pharmacy claims, Intensity Operating Allowance and other supplemental hospital payments, some non-emergency transportation, and disproportional share hospital (DSH) payments.¹³

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Kentucky currently operates 7 waivers under its Medicaid program, but operated 8 in 2008 as shown in Table 3.¹⁴

TABLE 2: KENTUCKY'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
√	Prosthetic devices
	Dentures
	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
	Optometrists' services and eyeglasses
	Personal care services
	Physical therapy
√	Podiatrist services
√	Prescribed drugs
	Private duty nurses
	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

KENTUCKY

TABLE 3: POPULATIONS AND SERVICES COVERED IN KENTUCKY'S MEDICAID WAIVERS, 2008¹⁵

1115 Waiver

Kentucky Health Care Partnership

Medicaid enrollees in the City of Louisville in Jefferson county and the fifteen surrounding counties.

Provides services state plan benefits with some enhanced benefits and cost-sharing

1915(b) Waivers

Kentucky Non-Emergency Medical Transportation Program

Medicaid enrollees

Non-emergency transportation (Expired August 2012)

1915(c) Waivers

Kentucky Acquired Brain Injury

Individuals with brain injury ages 18 and older

Provides adult day training, case management, respite, supported employment, behavioral services, counseling, group counseling, occupational therapy, specialized medical equipment, speech therapy, community guide, financial management services, goods and services, assessment/reassessment, community living supports, environmental and minor home mods, supervised residential care level I, supervised residential care level II, supervised residential care level III

Kentucky Michelle P

Individuals with mental retardation and developmental disabilities

Provides adult day health, case management, community access, day training, personal assistance, respite, shared living, supported employment, occupational therapy, physical therapy, speech therapy, community guide, goods and services, natural supports training, transportation, assessment/reassessment, community transition, consultative clinical and therapeutic service, environmental accessibility adaptation, person centered coaching, positive behavior supports, specialized medical equipment and supplies, vehicle adaptation

Kentucky Home and Community Based Services

Individuals aged 65 and older

Provides adult day health, case management, homemaker, personal care, respite, occupational therapy, physical therapy, speech therapy, financial management services, goods and services, home and community supports, support broker, assessment/reassessment, attendant care, environmental and minor home adaptation

Kentucky Model Waiver II

Individuals with technological dependencies

Provides skilled services by a licensed practical nurse, skilled services by registered nurse, skilled services by a respiratory therapist

Kentucky Supports for Community Living

Individuals with mental retardation and developmental disabilities

Provides adult day training, case management, children's day habilitative services, community living supports, residential support service, respite, supported employment, occupational therapy, physical therapy, speech therapy, community day support, financial management services, goods and services, home and community supports, support broker, adult day training level II intensity payment, all inclusive enhanced rate, assessment/reassessment, behavioral support, non-level II intensity payment, psychological services, specialized medical equipment and supplies

Kentucky Acquired Brain Injury Long Term Care

Individuals ages 18 and older with brain injury

Provides adult day health, adult day training, case management, respite, supported employment, behavioral services, counseling, group counseling, nursing supports, occupational therapy, physical therapy, specialized medical equipment, speech therapy, community guide, financial management services, goods and services, assessment/reassessment, community living supports, environmental and minor home mods, family training, supervised residential care level I, supervised residential care level II, supervised residential care level III

KENTUCKY

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ Kentucky Cabinet for Health and Family Services. (2012). "Medicaid Works" Available from: <http://chfs.ky.gov/dms/Medicaid+Works.htm>
- ⁹ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ¹⁰ Kentucky Cabinet for Health and Family Services. "Medicaid State Plan." available <http://chfs.ky.gov/dms/state.htm>
- ¹¹ Kaiser Family Foundation. (2008). "Benefits by States: Kentucky (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=18&yr=4&cat=0&nt=on>
- ¹² Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹³ Personal communication with Kentucky Cabinet Health and Family Services Staff (2012).
- ¹⁴ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁵ The waivers reflected in this table are those that were in existence in 2008.

LOUISIANA



	Louisiana, 2008	United States, 2008
Population ¹	4,410,796	304,059,724
Medicaid Enrollment ²	860,081	43,601,565
CHIP Enrollment ³	124,310	4,835,639
% of Pop. on Medicaid	19.50%	14.34%
% of Pop. on CHIP	2.82%	1.59%
Medicaid FMAP ⁴	72.47%	50% - 76.29%
CHIP FMAP ⁵	80.73%	65% - 83.40%
% Managed Care ⁶	68.74%	70.91%

This State profile provides background information about Louisiana's Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The Louisiana Department of Health and Hospitals administers the Louisiana Medicaid and CHIP programs. The Louisiana CHIP program, LACHip, is a standalone program that operates independent of Louisiana's Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Louisiana covers. Louisiana covers 3 optional eligibility groups.⁹

TABLE 1: LOUISIANA'S OPTIONAL ELIGIBILITY GROUPS, 2008

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL) ⁷
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirement
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waiver
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

LOUISIANA

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 3 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Louisiana. Louisiana covers 17 of the commonly covered optional services.¹⁰

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹¹ In Louisiana, most fee-for-service claims are processed through the State's MMIS. Health Insurance Premium Payments (HIPP) are paid outside the MMIS.¹²

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Louisiana operates 5 waivers under its Medicaid program as shown in Table 4.¹³

TABLE 2: LOUISIANA'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
	Optometrists' services and eyeglasses
√	Personal care services
	Physical therapy
√	Podiatrist services
√	Prescribed drugs
	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

LOUISIANA

TABLE 3: POPULATIONS AND SERVICES COVERED IN LOUISIANA'S MEDICAID WAIVERS, 2008¹⁴

1115 Waiver

Louisiana TakeCharge

Women, ages 19-44, with a family income at or below 200% FPL who are not otherwise eligible for Medicaid, Medicare or CHIP, and do not have any other health insurance coverage

Coverage for family planning services

1915(c) Waivers

Louisiana Elderly and Disabled Adult Waiver

Elderly persons, and adults with disabilities

Case management, personal care, environmental mods, personal emergency response service, homemaker & companion services (Expired 2010)

Louisiana Supports Waiver

Individuals with autism, mental retardation, developmental disabilities ages 18 and older

Provides day habilitative service, habilitation, prevocational services, respite, support coordination, supported employment, personal emergency response service

Louisiana Day Adult Health Care

Individuals age 65 and older, and physically disabled persons ages 22-64

Provides adult day health care, support coordination, transition intensive support coordination, transition

Louisiana New Opportunities Waiver

Individuals with autism, developmental disabilities, mental retardation ages 3 and older

Provides center-based respite, day habilitative service, employment related training, supported employment, supported living, skilled nursing, specialized medical equipment and supplies, adult companion care, community integration and development, environmental accessibility adaptations, individual and family support, one-time transitional, personal emergency response service, professional services, remote assistance, substitute family care

Louisiana Children's Choice

Individuals with autism, mental retardation and developmental disabilities ages 0-18

Provides center-based respite, support coordination, environmental accessibility adaptations, family support service, family training

LOUISIANA

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from:
http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from:
<http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health/fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health/fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from:
<http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ Louisiana Medicaid covers pregnant women up to 200 percent FPL.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ Louisiana Department of Health and Hospitals. (2008). "Louisiana Medicaid Annual Report." Available from:
<http://new.dhh.louisiana.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2007.pdf>
- ¹⁰ Kaiser Family Foundation. (2008). "Benefits by States: Louisiana (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=19&yr=4&cat=0&nt=on>
- ¹¹ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from:
<http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹² Personal communication with Louisiana Department of Health and Hospitals (2008).
- ¹³ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from:
<http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁴ The waivers reflected in this table are those that were in existence in 2008.

MARYLAND



	Maryland, 2008	United States, 2008
Population ¹	5,633,597	304,059,724
Medicaid Enrollment ²	549,796	43,601,565
CHIP Enrollment ³	110,877	4,835,639
% of Pop. on Medicaid	9.76%	14.34%
% of Pop. on CHIP	1.97%	1.59%
Medicaid FMAP ⁴	50%	50% - 76.29%
CHIP FMAP ⁵	65%	65% - 83.40%
% Managed Care ⁶	72.66%	70.91%

This State profile provides background information about Maryland’s Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The Maryland Department of Health and Mental Hygiene administers the Maryland Medicaid and CHIP programs. The Maryland CHIP program operates as an expansion of the Maryland Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to specific mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Maryland covers. Maryland covers 4 optional eligibility groups.^{9,10}

TABLE 1: MARYLAND’S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
√	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
√	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state’s eligibility level

MARYLAND

Services Covered

In addition to covering optional eligibility groups, States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Maryland. Maryland covers 18 of the commonly covered optional services.¹¹

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of DHHS has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹²

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Maryland operates 9 waivers under its Medicaid program as shown in Table 3.¹³

TABLE 2: MARYLAND'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
	Chiropractic services
√	Clinic services
√	Prosthetic devices
	Dentures
√	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
	Optometrists' services and eyeglasses
√	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
	Private duty nurses
	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

MARYLAND

TABLE 3: POPULATIONS AND SERVICES COVERED IN MARYLAND'S MEDICAID WAIVERS, 2008¹⁴

1115 Waivers

Maryland Health Choice

working age adults and persons with disabilities who normally do not qualify for Medicaid

Persons with disabilities receive the same coverage as Medicaid, while working age adults receive a benefit focusing on primary and preventive care, and may receive discounts on prescription drugs. Women who lose Medicaid at the end of their pregnancy can receive coverage for family planning services. Persons eligible for Medicaid benefits may have to enroll with a health plan in order to receive coverage.

1915(c) Waivers

Maryland Model Waiver for Fragile Children

Individuals who are aged, and persons with disabilities and medically fragile conditions

Provides case management, certified nursing assistant, medical day care, principal physician's participation in the plan of care meeting, private duty nursing

Maryland Waiver for Children with Autism Spectrum Disorder

Individuals age 1-21 with Autism.

Provides residential habilitative services, respite, adult life planning, environmental accessibility adaptations, family training, intensive individual support, therapeutic integration

Maryland New Directions Independence

Individuals with mental retardation and developmental disabilities

Provides community supported living arrangements, expanded day habilitative service-supported employment, expanded day habilitative service-employment discovery and customization, live-in caregiver, medical day care, resource coordination, respite, traditional day care habilitative services, support brokerage, assistive technology and adaptive equipment, behavioral supports, environmental accessibility adaptation, expanded day habilitative service-community learning, family/individual support, transition, transportation

MD Living at Home

Individuals ages 18-64 with physical disabilities

Provides attendant care, case management, medical day care, assistive technology, consumer training, dietician nutrition services, environmental accessibility adaptations, environmental assessment, family training, home delivered meals, nursing supervision, personal emergency response services, transition

Maryland Community Pathways

Individuals with mental retardation and development disabilities

Provides community residential habilitative services, community supported living arrangements, expanded day habilitative service-employment discovery and customization, expanded day habilitative service-supported employment, live-in caregiver, medical day care, resource coordination, respite, traditional day habilitative services, assistive technology and adaptive equipment, behavioral supports, environmental accessibility adaptations, expanded day habilitative service-community learning, family/individual support, residential habilitative service II, transition, transportation

Maryland Older Adults

Individuals age 65 and older, and persons with physical disabilities ages 50-64

Provides adult medical day care, personal care, respite, assisted living, assistive devices and equipment, behavior consultation, dietitian/nutritionist services, environmental accessibility adaptations, environmental assessments, family/consumer training, home delivered meals, personal emergency response services, senior center plus, transition services

Maryland Traumatic Brain Injury

Individuals age 22 and older with brain injuries

Provides day habilitative services, individual support services, medical day care, residential habilitative services, supported employment

Maryland Medical Day Care Services

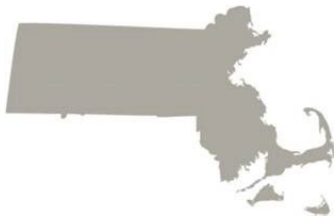
Individuals age 65 and older, and persons with physical disabilities ages 16-64

Medical day care services

MARYLAND

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health/fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health/fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ Maryland Department of Health and Mental Hygiene. (2012). "Medicaid Eligibility and Benefits." Available from: <http://mmcp.dhmdh.maryland.gov/SitePages/Medicaid%20Eligibility%20and%20Benefits.aspx>
- ¹⁰ Rhode Island Department of Health Services. (2008). "Annual Medicaid Expenditure Report – State Fiscal Year 2008." Available from: http://www.dhs.ri.gov/Portals/0/Uploads/Documents/Public/Reports/RI_Medicaid_Expend2008_final.pdf
- ¹¹ Kaiser Family Foundation. (2008). "Benefits by States: Maryland (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=21&yr=4&cat=0&nt=on>
- ¹² Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹³ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁴ The waivers reflected in this table are those that were in existence in 2008.

MASSACHUSETTS



	Massachusetts, 2008	United States, 2008
Population ¹	6,497,967	304,059,724
Medicaid Enrollment ²	1,051,579	43,601,565
CHIP Enrollment ³	105,094	4,835,639
% of Pop. on Medicaid	16.18%	14.34%
% of Pop. on CHIP	1.62%	1.59%
Medicaid FMAP ⁴	50%	50% - 76.29%
CHIP FMAP ⁵	65%	65% - 83.40%
% Managed Care ⁶	60.32%	70.91%

This State profile provides background information about Massachusetts’s Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The Massachusetts Department of Health and Human Services administers the Massachusetts Medicaid and CHIP programs. The Massachusetts CHIP program is a combination program that operates through the Massachusetts Medicaid program, MassHealth.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to specific mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Massachusetts covers. Massachusetts covers 5 optional eligibility groups.^{9,10}

TABLE 1: MASSACHUSETTS’S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
√	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state’s eligibility level

MASSACHUSETTS

Services Covered

In addition to covering optional eligibility groups, States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Massachusetts. Massachusetts covers 22 of the commonly covered optional services.¹¹

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of DHHS has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹² In Massachusetts, claims are processed through the State's MMIS.¹³

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Massachusetts operates 4 waivers under its Medicaid program as shown in Table 3.¹⁴

TABLE 2: MASSACHUSETTS'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
√	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
√	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
√	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

MASSACHUSETTS

TABLE 3: POPULATIONS AND SERVICES COVERED IN MASSACHUSETTS'S MEDICAID WAIVERS, 2008¹⁵

1115 Waivers

MassHealth

Additional children, persons with disabilities, working age adults, families affected by unemployment, and persons with HIV/AIDS who normally are not eligible for Medicaid. Some of these individuals receive assistance to purchase health insurance, through the Commonwealth Care Health Connector, Insurance Partnership, or other program. Persons eligible for the regular Medicaid program may have to enroll with a health plan in order to receive coverage, and co-payments for some services may be higher than what Medicaid usually allows. Other participants must pay a monthly premium to receive coverage. Finally, the demonstration program provides additional funding for hospitals and public health efforts.

Health care coverage

1915(c) Waivers

Massachusetts Frail Elder

Individuals age 60 and older

Provides homemaker, home health aide, personal care, respite, environmental accessibility adaptation, chore, companion, grocery shopping and delivery, home delivered meals, laundry, supportive day program, transportation, home based wandering response system, supportive home care aide, transitional assistance, skilled nursing

Massachusetts Traumatic Brain Injury

Individuals with traumatic brain injury age 18 and older

Provides homemaker, individual support and community habilitative service, personal care, residential habilitative, respite, supported employment, adult companion, chore, community-based substance abuse treatment, day services, home accessibility adaptations, occupational therapy, physical therapy, specialized medical equipment, speech therapy, transitional assistance, transportation

Massachusetts Children's Autism Spectrum Disorder

Individuals ages 0-8 with autism

Provides community integration, expanded habilitation/ education, homemaker, respite, assistive technology, behavioral supports and consultation, family training, home modifications and adaptations, individual good and services, occupational therapy, physical therapy, speech therapy, vehicle modifications

MASSACHUSETTS

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenter/ResourceCenter/ResourceCenter/ResourceCenter/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ Massresources.org. (2012). "MassHealth: Financial Eligibility Requirements." Available from: <http://www.massresources.org/masshealth-financial-eligibility.html>
- ¹⁰ Rhode Island Department of Health Services. (2008). "Annual Medicaid Expenditure Report - State Fiscal Year 2008." Available from: http://www.dhs.ri.gov/Portals/0/Uploads/Documents/Public/Reports/RL_Medicaid_Expend2008_final.pdf
- ¹¹ Kaiser Family Foundation. (2008). "Benefits by States: Massachusetts (October 2008)." Available from: <http://medicaidbenefits.kff.org/state.jsp?st=22&yr=4&cat=0&nt=on>
- ¹² Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹³ Personal communication with Massachusetts Department of Health and Human Services Staff (2012).
- ¹⁴ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁵ The waivers reflected in this table are those that were in existence in 2008.

MICHIGAN



	Michigan, 2008	United States, 2008
Population ¹	10,003,422	304,059,724
Medicaid Enrollment ²	1,526,331	43,601,565
CHIP Enrollment ³	43,354	4,835,639
% of Pop. on Medicaid	15.26%	14.34%
% of Pop. on CHIP	0.43%	1.59%
Medicaid FMAP ⁴	58.10%	50% - 76.29%
CHIP FMAP ⁵	70.67%	65% - 83.40%
% Managed Care ⁶	88.12%	70.91%

This State profile provides background information about Michigan's Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The Michigan Department of Community Health administers the Michigan Medicaid and CHIP programs. The Michigan CHIP program, MICHild, operates as a combination program through the Michigan Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to specific mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Michigan covers. Michigan covers 7 optional eligibility groups.⁹

TABLE 1: MICHIGAN'S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
√	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
√	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
√	Aged, blind, or disabled recipients of state supplementary income payments
	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

MICHIGAN

Services Covered

In addition to covering optional eligibility groups, States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Michigan. Michigan covers 17 of the commonly covered optional services.¹⁰

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹¹ In Michigan, most claims were processed through the State's MMIS with the exception of non-emergency medical transportation in 2011.¹²

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Michigan currently operates 5 waivers under its Medicaid program, but operated 6 waivers in 2008 as shown in Table 3.¹³

TABLE 2: MICHIGAN'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
	Occupational therapy
	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
√	Personal care services
	Physical therapy
√	Podiatrist services
√	Prescribed drugs
	Private duty nurses
	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

MICHIGAN

TABLE 3: POPULATIONS AND SERVICES COVERED IN MICHIGAN’S MEDICAID WAIVERS, 2008¹⁴

1115 Waivers	
<p>Michigan Plan First! <i>Women, ages 19-44, with a family income at or below 185 percent of the Federal poverty level, who are not otherwise eligible for Medicaid, or the Michigan's Health Insurance Flexibility Accountability (HIFA) Demonstration, and do not have any other health insurance coverage that provides family planning services.</i> Coverage for family planning and family planning related services (Expired June 2012)</p>	
1915(b)(c) Waivers	
<p>Michigan Specialty Services and Supports Waiver Program Provides specialty mental health, substance abuse, and developmental disabilities supports and services under a prepaid shared risk arrangement.</p>	
1915(c) Waivers	
<p>Michigan Choice Renewal <i>Individuals age 65 and older and persons with disabilities ages 18-64</i> Provides adult day health, homemaker, personal care, specialized medical equipment and supplies, fiscal intermediary, goods and services, chore, community living supports, counseling, environmental accessibility adaptations, home delivered meals, non-medical transportation, nursing facility transition, personal emergency response services, private duty nursing, residential services, training</p>	<p>Michigan Children’s Waiver Program <i>Individuals ages 0-17 with autism, mental retardation, developmental disabilities</i> Provides respite, enhanced transportation, fiscal intermediary, community living supports, environmental accessibility adaptations and specialized medical equipment and supplies, home care training-family, home care training-on-family, specialty service</p>
<p>Michigan Waiver for Children with Severe Emotional Disturbances <i>Individuals ages 0-19 with mental illness and severe emotional disturbances</i> Provides respite, child therapeutic foster care, community living supports, community transition, family home care training, family support and training, therapeutic activities, therapeutic overnight camping, wraparound</p>	<p>Michigan Habilitation Supports <i>Individuals with developmental disabilities</i> Provides out-of-home non-vocational habilitation, prevocational services, respite, supported employment, supports coordination, enhanced medical equipment and supplies, enhanced pharmacy, goods and services, community living supports, environmental mods, family training, personal emergency response services, private duty nursing</p>

MICHIGAN

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health/fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health/fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ Michigan Department of Community Health. (2012). "Medicaid State Plan." Available from: <http://www.mdch.state.mi.us/dch-medicaid/manuals/MichiganStatePlan/MichiganStatePlan.pdf>.
- ¹⁰ Kaiser Family Foundation. (2008). "Benefits by States: Michigan (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=23&yr=4&cat=0&nt=on>
- ¹¹ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹² Personal communication with Michigan Department of Community Health Staff (2011).
- ¹³ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁴ The waivers reflected in this table are those that were in existence in 2008.

MINNESOTA



	Minnesota, 2008	United States, 2008
Population ¹	5,220,393	304,059,724
Medicaid Enrollment ²	603,822	43,601,565
CHIP Enrollment ³	2,368	4,835,639
% of Pop. on Medicaid	11.57%	14.34%
% of Pop. on CHIP	.05%	1.59%
Medicaid FMAP ⁴	50%	50% - 76.29%
CHIP FMAP ⁵	65%	65% - 83.40%
% Managed Care ⁶	62.36%	70.91%

This State profile provides background information about Minnesota's Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁷

The Minnesota Department of Human Services administers the Minnesota Medicaid and CHIP programs. Minnesota's CHIP program is a combination program that operates through the Minnesota Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Minnesota covers. Minnesota covers 7 optional eligibility groups.⁸

TABLE 1: MINNESOTA'S OPTIONAL ELIGIBILITY GROUPS, 2008

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
√	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirement
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waiver
√	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
√	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

MINNESOTA

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Minnesota. Minnesota covers 22 of the commonly covered optional services.⁹

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹⁰ In Minnesota, claims are processed through the State's MMIS.¹¹

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Minnesota currently operates 7 waivers under its Medicaid program, but operated 8 in 2008 as shown in Table 3.¹²

TABLE 2: MINNESOTA'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
√	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
√	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
√	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

MINNESOTA

TABLE 3: POPULATIONS AND SERVICES COVERED IN MINNESOTA'S MEDICAID WAIVERS, 2008¹³

1115 Waivers	
<p>Minnesota Prepaid Medical Assistance Project Plus <i>Infants, ages 12-23 months with Medicaid, and pregnant women, children, and caretaker adults who elect to participate in MinnesotaCare</i> Comparable benefits to Medicaid but may require a monthly premium and additional co-payments, and enhanced funding for graduate medical education</p>	<p>Minnesota Family Planning Project <i>Men and women of child bearing age who have a family incomes at or below 200 percent of the FPL who are not otherwise enrolled in Medicaid, CHIP, a Medicare Savings Program, or any other health care program administered by the Minnesota Department of Human Services.</i> Provides family planning and family planning-related services</p>
1915(b) Waivers	
<p>Consolidated Chemical Dependency Treatment Fund <i>Individuals who receive Medicaid benefits</i> Provides chemical dependency and substance abuse rehabilitative services</p>	<p>Minnesota Senior Care Project <i>Medicaid and dually eligible enrollees</i> Provides medical and health related services from specific providers.</p>
1915(c) Waivers	
<p>Minnesota Elderly Waiver <i>Individuals 65 and older.</i> Provides case management, homemaker, respite, adult day care, companion, extended home health, supplies & equipment, extended personal care, caregiver training/education, home delivered meals, foster care, residential care, assisted living/limited modifications and transportation (Expired June 2008)</p>	<p>Minnesota Community Alternative Care <i>Individuals 65 and older with disabilities</i> Provides case management, homemaker, respite, environmental accessibility adaptations, transportation, specialized equipment and supplies, family training and counseling, foster care, consumer directed community supports, transitional services, home delivered meals, home health care, private duty nursing, personal care assistance, financial management services, information and assistance in support of participant direction</p>
<p>Minnesota Traumatic Brain Injury <i>Individuals with traumatic brain injuries</i> Provides case management, personal care, homemaker, respite, adult day health, environment modifications, transportation, special medical equipment and supplies, chore, companion, home health, physical therapy, occupational therapy, speech, hearing & language, mental health services, independent living skills, structured day program, cognitive rehab therapy, behavioral programming, family support, foster care, raise post-eligibility allowance to \$482, add prevocational services, and support, employment, assisted living and clarify traumatic brain injury target group and technical updates for rule and statute changes</p>	<p>Minnesota Community Alternatives for Disabled Individuals <i>Individual ages 0-64 with physical disabilities</i> Provides adult day care, caregiver living expenses, case management, homemaker, prevocational, respite, supported employment, extended home health care, extended personal care assistance, extended State plan private duty nursing, 24-hour emergency assistance, adult companion services, adult day care bath, adult foster care, behavioral programming, child foster care, chore services, consumer-directed community supports-personal assistance, consumer-directed community supports-self-direction support activities, consumer-directed community supports-environmental mods and provisions, consumer-directed community supports-treatment and training, customized living-24 hour, customized living, environmental accessibility adaptations, family training and counseling, home delivered meals, housing access coordination, independent living skills training services, managed care premiums, residential care, specialized equipment and supplies, transitional services, transportation</p>

MINNESOTA

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁸ Minnesota Department of Human Services. "Medicaid State Plan: Attachments." Available from: <http://www.practicelaw.org/325#attach2>
- ⁹ Kaiser Family Foundation. (2008). "Benefits by States: Minnesota (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=24&yr=4&cat=0&nt=on>
- ¹⁰ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹¹ Personal communication with Minnesota Department of Human Services Staff (2011).
- ¹² Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹³ The waivers reflected in this table are those that were in existence in 2008.

MISSISSIPPI



	Mississippi, 2008	United States, 2008
Population ¹	2,938,618	304,059,724
Medicaid Enrollment ²	530,558	43,601,565
CHIP Enrollment ³	64,978	4,835,639
% of Pop. on Medicaid	18.05%	14.34%
% of Pop. on CHIP	2.21%	1.59%
Medicaid FMAP ⁴	76.29%	50% - 76.29%
CHIP FMAP ⁵	83.40%	65% - 83.40%
% Managed Care ⁶	72.44%	70.91%

This State profile provides background information about Mississippi's Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The Mississippi Division of Medicaid administers the Mississippi Medicaid and CHIP programs. The Mississippi CHIP program is a standalone program that operates independent of the Mississippi Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Mississippi covers. Mississippi covers 4 optional eligibility groups.⁹

TABLE 1: MISSISSIPPI'S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirement
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waiver
√	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

MISSISSIPPI

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Mississippi. Mississippi covers 14 of the commonly covered optional services.¹⁰

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹¹ In Mississippi, most claims are processed through the State's MMIS except for non-emergency transportation claims.¹²

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services (HHS) to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Mississippi currently operates 4 waivers under its Medicaid program, but operated 7 waivers in 2008 as shown in Table 3.¹³

TABLE 2: MISSISSIPPI'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
	Prosthetic devices
	Dentures
	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
	Personal care services
	Physical therapy
√	Podiatrist services
√	Prescribed drugs
	Private duty nurses
	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

MISSISSIPPI

TABLE 3: POPULATIONS AND SERVICES COVERED IN MISSISSIPPI'S MEDICAID WAIVERS, 2008¹⁴

1115 Waiver

Healthier Mississippi

Individuals who are aged or have disabilities with incomes at or below 135% FPL and some individuals who qualify for medical assistance or CHIP may be enrolled in a demonstration State plan benefits and adults covered under the demonstration receive a modified benefit package. Services are delivered through the State's fee for service provider network.

Mississippi Family Planning Medicaid Expansion Project

Women, ages 13-44, with a family income at or below 185% FPL, who are not otherwise eligible for Medicaid, Medicare or CHIP and do not have any other health insurance coverage. Provides family planning and family planning related services (Expired August 2012)

1915(c) Waivers

Mississippi Elderly and Disabled

Individuals age 65 and older and persons with disabilities ages 21 – 64
Provides adult day care, case management, homemaker, in-home respite care, extended home health, escorted transportation, home delivered meals, institutional respite care, transition assistance (Expired June 2012)

Mississippi Assisted Living

Individuals age 65 and older and persons with disabilities ages 21-64
Provides adult residential care

Mississippi Independent Living

Individuals age 65 and older and persons with disabilities ages 16-64
Provides case management, personal care attendant, environmental accessibility adaptation, specialized medical equipment and supplies, transition assistance (Expired June 2012)

Mississippi Traumatic Brain Injury/Spinal Cord Injury

Individuals with physical disabilities ages 0-64
Provides attendant care, case management, respite, environmental accessibility adaptations, specialized medical equipment and supplies, transition assistance services

Mississippi Intellectual Disabilities/Developmental Disabilities

Individuals with autism, developmental disabilities, and mental retardation
Provides day services-adults, prevocational, residential habilitative services, respite, support coordination, supported employment, behavior support/intervention, home and community supports, specialized medical supplies, therapy services

MISSISSIPPI

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ Mississippi Division of Medicaid. "Medicaid State Plan." Available from: <http://www.medicaid.ms.gov/MississippiStatePlan.aspx>
- ¹⁰ Kaiser Family Foundation. (2008). "Benefits by States: Mississippi (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=25&yr=4&cat=0&nt=on>
- ¹¹ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹² Personal communication with Mississippi Division of Medicaid Staff (2008).
- ¹³ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁴ The waivers reflected in this table are those that were in existence in 2008.

MONTANA



	Montana, 2008	United States, 2008
Population ¹	967,440	304,059,724
Medicaid Enrollment ²	89,196	43,601,565
CHIP Enrollment ³	16,576	4,835,639
% of Pop. on Medicaid	9.22%	14.34%
% of Pop. on CHIP	1.71%	1.59%
Medicaid FMAP ⁴	68.53%	50% - 76.29%
CHIP FMAP ⁵	77.97%	65% - 83.40%
% Managed Care ⁶	36.01%	70.91%

This State profile provides background information about Montana's Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The Montana Department of Public Health and Human Services administers the Montana Medicaid and CHIP programs. The Montana CHIP program, Healthy Montana Kids, is a combination program that operates through the Montana Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Montana covers. Montana covers 5 optional eligibility groups.^{9,10}

TABLE 1: MONTANA'S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirement
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waiver
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
√	Aged, blind, or disabled recipients of state supplementary income payments
	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

MONTANA

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Montana. Montana covers 21 of the commonly covered optional services.¹¹

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹² In Montana, most claims were processed through the State's MMIS, except for the following: non-emergency transportation, PCCM, Developmental Disabilities waivers, and health insurance premium payments.¹³

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Montana currently operates 7 waivers under its Medicaid program, but operated 8 waivers in 2008 as shown in Table 3.¹⁴

TABLE 2: MONTANA'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
√	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
√	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
√	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

MONTANA

TABLE 3: POPULATIONS AND SERVICES COVERED IN MONTANA'S MEDICAID WAIVERS, 2008¹⁵

1115 Waiver

Montana Basic Medicaid for Able Bodied Adults*Able bodied, non-pregnant adults*

Provides an alternative set of benefits for persons who are Medicaid eligible because they are the parents or caretaker relatives of Medicaid-eligible children. These services resemble the health coverage that would be offered by an employer

1915(b) Waivers

Montana Passport to Health*Medicaid enrollees*

Provides Montana Medicaid's Primary Care Case Management (PCCM) program (Expired March 2012)

1915(c) Waivers

Montana Home and Community Based Waiver for Individuals with developmental disabilities*Individuals with mental retardation developmental disabilities*

Provides day habilitation, homemaker, residential habilitation, respite, support employment, waiver-funded children's case management, occupational therapy, physical therapy, psychological services, speech therapy, adult companion services, adult foster support, assisted living, board certified behavior analyst, caregiver training and support, community transition, dietician, meals, personal care, personal emergency response services, private duty nursing, respiratory therapy and transportation

Montana Community Supports*Individuals with mental retardation/developmental disabilities ages 18 and older*

Provides day habilitation, homemaker, live-in caregiver, personal care, residential habilitation, respite, supported employment, personal supports, supports brokerage, adult companion, educational services, environmental mods/adaptive equipment/specialized medical equipment and supplies, health/health maintenance/safety supports, individual goods and services, personal emergency response services, private duty nursing, social/leisure and recreational supports, transportation

Montana Children's Autism Waiver*Children w/autism ages 1-4*

Provides children's autism training, respite, waiver funded children's case management, adaptive equipment/environmental mods, occupational therapy, physical therapy, speech therapy, transportation, individual goods and services, program design and monitoring

Montana Big Sky Bonanza*Individuals aged 65 and older and individuals with physical disabilities ages 0-64*

Provides adult day health, habilitation, OT, PT, speech therapy and audiology, FMS, independence advisor, chemical dependency counseling, community support-bonanza services, consumer directed goods and services, environmental accessibility adaptation, nutrition/dietician services, PERS, private duty nursing, respiratory therapy, specialized medical equipment and supplies

Montana HCBW for Individuals with Developmental Disabilities*Individuals with mental retardation/developmental disabilities*

Provides day habilitation, homemaker, live-in caregiver, residential habilitation, respite, supported employment, waiver-funded children's case management, OT, PT, psychological services, speech therapy, personal supports, supports brokerage, adult companion services, adult foster support, assisted living, board certified behavior analyst, caregiver training and support, community transition, dietician, environmental mods/adaptive equipment, individual goods and services, meals, personal care, personal emergency response services, private duty nursing, respiratory therapy, transportation

Montana HCB Waiver for Adults with Severe Disabling Mental Illness*Individuals with mental illness ages 18 and older*

Provides adult day health, case management, day hab, homemaker, prevocational services, residential hab, respite, supported employment, OT, adult residential care, chemical dependency counseling, chore, dietitian/nutrition/meals, habilitation aide, illness management and recovery, non-medical transportation, personal assistance service/specially trained attendant care, PERS, private duty nursing (& registered nurse supervision), psychosocial rehab, specialized medical equipment and supplies, supported living, wellness recovery action plan

MONTANA

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ Montana Department of Public Health and Human Services. (2012). "Medicaid: Are You Eligible?" Available from: <http://www.dphhs.mt.gov/hcsd/medicaid.shtml>
- ¹⁰ Montana Department of Health and Human Services. (2010). "The Montana Medicaid Program." Available from: <http://www.dphhs.mt.gov/2011biennialreport/mtmedicaidreport.pdf>
- ¹¹ Kaiser Family Foundation. (2008). "Benefits by States: Montana (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=27&yr=4&cat=0&nt=on>
- ¹² Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹³ Personal communication with Montana Department of Health and Human Services Staff (2008).
- ¹⁴ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁵ The waivers reflected in this table are those that were in existence in 2008.

NEBRASKA



	Nebraska, 2008	United States, 2008
Population ¹	1,783,432	304,059,724
Medicaid Enrollment ²	177,277	43,601,565
CHIP Enrollment ³	25,397	4,835,639
% of Pop. on Medicaid	9.94%	14.34%
% of Pop. on CHIP	1.42%	1.59%
Medicaid FMAP ⁴	58.02%	50% - 76.29%
CHIP FMAP ⁵	70.61%	65% - 83.40%
% Managed Care ⁶	84.84%	70.91%

This State profile provides background information about Nebraska's Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The Nebraska Department of Health and Human Services administers the Nebraska Medicaid and CHIP programs. The Nebraska CHIP program, Kids Connection, operates as an expansion of the Nebraska Medicaid Program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Nebraska covers. Nebraska covers 5 optional eligibility groups.⁹

TABLE 1: NEBRASKA'S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirement
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waiver
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
√	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

NEBRASKA

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Nebraska. Nebraska covers 22 of the commonly covered optional services.¹⁰

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹¹ In Nebraska, most payments are processed through the State's MMIS, except for waiver services and personal assistance services.¹²

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Nebraska operates 5 waivers under its Medicaid program, but operated 7 in 2008 as shown in Table 3.¹³

TABLE 2: NEBRASKA'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
√	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
√	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
√	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

NEBRASKA

TABLE 3: POPULATIONS AND SERVICES COVERED IN NEBRASKA'S MEDICAID WAIVERS, 2008¹⁴

1915(b) Waiver

Health Connection*Children with special need and Indian, and Alaskan natives*

Provides mental health and substance abuse services and physical health services

1915(c) Waivers

Nebraska HCBS for Aged & Adults & Children with Disabilities*Individuals age 65 and older and persons with disabilities ages 0-64*

Provides chore, respite, assistive technology supports and home mods, home delivered meals, nutrition services, assisted living, child/youth care, independent skills building, home again, transportation, personal emergency response services (Expired 2011)

Nebraska HCBS Waiver for Children with Developmental Disabilities and their Families*Individuals ages 0-21 with mental retardation and developmental disabilities*

Provides homemaker, residential habilitative services, respite, specialized disability related child care, habilitative services, child care, home mods, team behavioral consultation (Expired May 2012)

Nebraska Traumatic Brain Injury*Individuals ages 18-64 with brain injuries*

Provides assisted living services

Nebraska Community Supports HCBS Waiver for Adults with Intellectual Disabilities and Developmental Disabilities*Individuals with autism, mental retardation, developmental disabilities ages 21 and older*

Provides respite, assistive technology and supports, community living and day supports, home mods, personal emergency response service, vehicle mods

Nebraska Day Services Waiver for Adults with Developmental Disabilities*Individuals with autism, mental retardation, developmental disabilities ages 21 and older*

Provides integrated community employment, prevocational workshop habilitation, respite, assistive technology and supports, behavioral risk services, community inclusion day habilitation, community living and day supports, home mods, medical risk services, PERS, retirement services, team behavioral consultation, vehicle mods, vocational planning habilitation, workstation habilitation

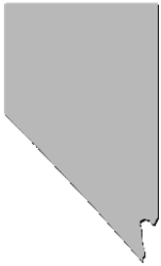
Nebraska Comprehensive Developmental Disabilities waiver for Adults*Individuals with autism, mental retardation, developmental disabilities ages 21 and older*

Provides group home residential habilitation, integrated community employment, prevocational workshop habilitation, respite, assistive technology and supports, behavioral risk services, community inclusion day habilitation, community living and day supports, companion home residential habilitation, extended family home residential habilitation, home mods, in-home residential habilitation, medical risk services, personal emergency response service, retirement services, team behavioral consultation, vehicle mods, vocational planning habilitation, workstation habilitation

NEBRASKA

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ Nebraska Department of Health and Human Services. "Medicaid State Plan: Part 2." Available from: <http://dhhs.ne.gov/medicaid/Documents/Part2.pdf>
- ¹⁰ Kaiser Family Foundation. (2008). "Benefits by States: Nebraska (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=28&yr=4&cat=0&nt=on>
- ¹¹ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹² Personal communication with Nebraska Department of Health and Human Services Staff (2012).
- ¹³ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁴ The waivers reflected in this table are those that were in existence in 2008.

NEVADA



	Nevada, 2008	United States, 2008
Population¹	2,600,167	304,059,724
Medicaid Enrollment²	188,885	43,601,565
CHIP Enrollment³	26832	4,835,639
% of Pop. on Medicaid	7.26%	14.34%
% of Pop. on CHIP	1.03%	1.59%
Medicaid FMAP⁴	52.64%	50% - 76.29%
CHIP FMAP⁵	66.85%	65% - 83.40%
% Managed Care⁶	82.90%	70.91%

This State profile provides background information about Nevada’s Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁷

The Nevada Department of Welfare and Supportive Services administers Nevada’s Medicaid and CHIP program. Nevada’s CHIP program, Nevada CheckUp, is a standalone program that operates independently of the Nevada Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Nevada covers. Nevada covers 3 optional eligibility groups.⁸

TABLE 1: NEVADA’S OPTIONAL ELIGIBILITY GROUPS, 2008⁹

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state’s eligibility level

NEVADA

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Nevada. Nevada covers 19 of the commonly covered optional services.¹⁰

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of DHHS has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹¹ Nevada pays all of its fee-for-service claims through the State’s MMIS.¹²

TABLE 2: NEVADA'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
√	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
	Optometrists' services and eyeglasses
√	Personal care services
√	Physical therapy
	Podiatrist services
√	Prescribed drugs
√	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

NEVADA

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services (HHS) to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Nevada currently operates 4 waivers under its Medicaid program as shown in Table 3.¹³

TABLE 3: POPULATIONS AND SERVICES COVERED IN NEVADA'S MEDICAID WAIVERS, 2008

1915(c) Waivers

Nevada HCBW for Persons with Physical Disabilities

Individuals ages 65 years and older and persons with physical disabilities ages 0-64
Provides case management, homemaker, respite, attendant care, specialized medical equipment and supplies, adult residential care-assisted living, chore, environmental accessibility adaptations, home delivered meals, personal emergency response service (Expires December 2012)

Nevada HCBW for Persons with Mental Retardation and Related Conditions

Individuals with mental retardation
Provides day habilitative care, direct services & support, prevocational, supported employment, behavioral consultation-training & intervention, community integration, counseling, direct support management, non-medical transportation, nursing, nutrition counseling

Nevada Assisted Living

Individuals ages 65 and older
Provides augmented personal care, case management

Nevada Frail Elderly

Aged and individuals with disabilities ages 65 and older
Provides case management, homemaker, respite, adult companion, chore, personal emergency response service, social adult day care

- 1 United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- 2 Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparamtable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- 3 Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from: <http://www.statehealthfacts.org/comparamtable.jsp?ind=236&cat=4>
- 4 Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- 5 Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- 6 Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- 7 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- 8 Nevada Department of Health and Human Services. "Nevada Medicaid State Plan." Available from: <http://dhcfp.nv.gov/MSPTableofContents.htm>
- 9 The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- 10 Kaiser Family Foundation. (2008). "Benefits by States: Nevada (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=29&yr=4&cat=0&nt=on>
- 11 Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- 12 Personal communication with Nevada Department of Welfare and Supportive Services Staff (2010).
- 13 Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>

NEW HAMPSHIRE



	New Hampshire, 2008	United States, 2008
Population ¹	1,315,809	304,059,724
Medicaid Enrollment ²	114,314	43,601,565
CHIP Enrollment ³	8,009	4,835,639
% of Pop. on Medicaid	8.69%	14.34%
% of Pop. on CHIP	0.61%	1.59%
Medicaid FMAP ⁴	50%	50% - 76.29%
CHIP FMAP ⁵	65%	65% - 83.40%
% Managed Care ⁶	77.56%	70.91%

This State profile provides background information about New Hampshire’s Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The New Hampshire Department of Medical Assistance Services administers the New Hampshire Medicaid and CHIP programs. The New Hampshire CHIP program, Healthy Kids, is a combination program that operates through the New Hampshire Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these New Hampshire covers. New Hampshire covers 6 optional eligibility groups.^{9,10}

TABLE 1: NEW HAMPSHIRE’S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
√	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
√	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state’s eligibility level

NEW HAMPSHIRE

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in New Hampshire. New Hampshire covers 19 of the commonly covered optional services.¹¹

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹² In New Hampshire, most claims are processed through the State's MMIS. However, the following are processed outside the MMIS: drug payments, non-emergency transportation, and some medical insurances.¹³

TABLE 2: NEW HAMPSHIRE'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
√	Prosthetic devices
	Dentures
√	Occupational therapy
√	Diagnostic, screening, and preventative services
	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
√	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
√	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
	Intermediate care facility services for persons with MR/DD and related conditions

NEW HAMPSHIRE

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. New Hampshire currently operates 2 waivers under its Medicaid program, but operated 4 in 2008 as shown in Table 3.¹⁵

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ New Hampshire Department of Health and Human Services. (2011). "New Hampshire Division of Family Assistance program Fact Sheet." Available from: <http://www.dhhs.nh.gov/dfa/documents/program.pdf>
- ¹⁰ New Hampshire Department of Health and Human Services. (2010). "New Hampshire Medicaid Annual Report." Available from: <http://www.dhhs.nh.gov/ombp/documents/medicaid10.pdf>
- ¹¹ Kaiser Family Foundation. (2008). "Benefits by States: New Hampshire (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=30&yr=4&cat=0&nt=on>
- ¹² Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹³ Personal communication with New Hampshire Department of Health and Human Services Staff (2012).
- ¹⁴ The waivers reflected in this table are those that were in existence in 2008.
- ¹⁵ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>

TABLE 3: POPULATIONS AND SERVICES COVERED IN NEW HAMPSHIRE'S MEDICAID WAIVERS, 2008¹⁴

1915(c) Waivers

New Hampshire Individuals with Developmental Disabilities

Individuals with autism, developmental disabilities, and mental retardation

Provides service coordination, day services, supported employment, respite, consolidated developmental, community support, assistive technology support, specialty, crisis response, environmental and vehicle mods, information and assistance in support of participant direction, financial management services (Expired 2011)

New Hampshire Individuals with Acquired Brain Disorders

Individuals ages 22 and older with brain injuries

Provides service coordination, personal care, day services, supported employment, respite, consolidated acquired brain disorder services, community support, assistive technology support, specialty services, crisis response, environmental and vehicle mods, financial management services

New Hampshire Home and Community Based Care for the Elderly and Chronically Ill

Individuals age 65 and older, and persons with physical disabilities ages 18-64

Provides adult medical day, home health aide, homemaker, personal care, respite, adult family care, adult in-home, assistive technology, chore, community transition, consolidated services, environmental accessibility, home-delivered meals, personal emergency response services, residential care facility, shared housing, skilled nursing, specialized medical equipment, supportive housing (Expired June 2012)

New Hampshire In Home Supports for Children with Developmental Disabilities

Individuals ages 0-21 with autism, mental retardation, developmental disabilities

Provides enhanced personal care, consultations, environmental and vehicle modification, family support/service coordination, respite care

NEW JERSEY



	New Jersey, 2008	United States, 2008
Population ¹	8,682,661	304,059,724
Medicaid Enrollment ²	781,326	43,601,565
CHIP Enrollment ³	121,581	4,835,639
% of Pop. on Medicaid	9.00%	14.34%
% of Pop. on CHIP	1.40%	1.59%
Medicaid FMAP ⁴	50.00%	50% - 76.29%
CHIP FMAP ⁵	65.00%	65% - 83.40%
% Managed Care ⁶	72.13%	70.91%

This State profile provides background information about New Jersey's Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The New Jersey Department of Human Services administers the New Jersey Medicaid and CHIP programs. The New Jersey CHIP program, Family Care, is a combination program that operates through the New Jersey Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these New Jersey covers. New Jersey covers 3 optional eligibility groups.⁹

TABLE 1: NEW JERSEY'S OPTIONAL ELIGIBILITY GROUPS, 2008

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL) ⁷
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirement
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waiver
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

NEW JERSEY

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in New Jersey. New Jersey covers 18 of the commonly covered optional services.¹⁰

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹¹ In New Jersey, most claims are processed through the State's MMIS, except for premium payments.¹²

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. New Jersey operates 7 waivers under its Medicaid program as shown in Table 3.¹³

TABLE 2: NEW JERSEY'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
√	Occupational therapy
	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
	Personal care services
√	Physical therapy
	Podiatrist services
√	Prescribed drugs
	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

NEW JERSEY

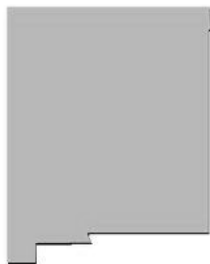
TABLE 3: POPULATIONS AND SERVICES COVERED IN NEW JERSEY'S MEDICAID WAIVERS, 2008¹⁴

		1115 Waiver
<p>New Jersey Family Coverage Under SCHIP <i>Uninsured custodial parents and caretaker relatives of Medicaid and CHIP children with family incomes up to and including 200% FPL</i> Expanded Coverage</p>		
		1915(c) Waivers
<p>New Jersey Care 2000+ <i>Children with special needs</i> Provides comprehensive medical and social services</p>	<p>New Jersey Family Care Waiver <i>Children with special needs such as blindness, disabilities or children in foster care</i> Managed care program</p>	
		1915(c) Waivers
<p>New Jersey Global Options for Long Term Care <i>Individuals age 65 and older, and individuals with physical disabilities ages 21-64</i> Provides case management, respite, adult family care, assisted living (assisted living residences and comprehensive personal care homes), assisted living program, attendant care, caregiver/participant training, chore, community transition, environmental accessibility adaptations, home based supportive care, home delivered meals, personal emergency response services, social adult day care, specialized medical equipment and supplies, transitional care management, transportation</p>	<p>New Jersey Community Resources for People with Disabilities <i>Individuals with physical disabilities</i> Provides case management, community transitional services, environmental/residential mods, personal emergency response services, private duty nursing, vehicular mods</p>	
<p>NJ Renewal Waiver <i>Individuals with mental retardation, developmental disabilities, and autism</i> Provides case management, day habilitative, individual supports, respite, supported employment, community transition, support coordination, assistive technology devices, environmental and vehicle adaptations, personal emergency response services, transportation</p>	<p>New Jersey AIDS Community Care Alternatives Program <i>Individuals with HIV/AIDS</i> Provides case management, personal care assistant, private duty nursing</p>	

NEW JERSEY

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemactable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from: <http://www.statehealthfacts.org/comparemactable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ New Jersey's Medicaid program provide coverage to pregnant women up to 200% FPL.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ New Jersey Department of Human Services. (2008). "NJ Medicaid." Available from: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
- ¹⁰ Kaiser Family Foundation. (2008). "Benefits by States: New Jersey (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=31&yr=4&cat=0&nt=on>
- ¹¹ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹² Personal communication with New Jersey Department of Human Services Staff (2012).
- ¹³ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁴ The waivers reflected in this table are those that were in existence in 2008.

NEW MEXICO



	New Mexico, 2008	United States, 2008
Population ¹	1,984,356	304,059,724
Medicaid Enrollment ²	409,171	43,601,565
CHIP Enrollment ³	9,706	4,835,639
% of Pop. on Medicaid	20.62%	14.34%
% of Pop. on CHIP	0.49%	1.59%
Medicaid FMAP ⁴	71.04%	50% - 76.29%
CHIP FMAP ⁵	79.73%	65% - 83.40%
% Managed Care ⁶	62.01%	70.91%

This State profile provides background information about New Mexico's Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The New Mexico Human Services Department administers the New Mexico Medicaid and CHIP programs. The New Mexico CHIP program, New MexiKids and New MexiTeens, operates as an expansion of the New Mexico Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these New Mexico covers. New Mexico covers 3 optional eligibility groups.^{9,10}

TABLE 1: NEW MEXICO'S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirement
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waiver
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

NEW MEXICO

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in New Mexico. New Mexico covers 19 of the commonly covered optional services.¹¹

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹² In New Mexico, all claims are processed through the State's MMIS.¹³

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. New Mexico operates 7 waivers under its Medicaid program as shown in Table 3.¹⁴

TABLE 2: NEW MEXICO'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
√	Occupational therapy
	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
√	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

NEW MEXICO

TABLE 3: POPULATIONS AND SERVICES COVERED IN NEW MEXICO'S MEDICAID WAIVERS, 2008¹⁵

		1115 Waiver
<p>New Mexico State Coverage Insurance Title XXI Component <i>Childless adults up to 200% FPL</i> Health insurance coverage</p>	<p>New Mexico Title XXI SCHIP <i>Uninsured children from birth ages 0-18 from 185% FPL, but not including, 235% FPL</i> Health insurance coverage</p>	
		1915(b) Waiver
<p>New Mexico Salud¹⁶ <i>Medicaid enrollees</i> Managed care program</p>	<p>New Mexico Behavioral Health Waiver <i>Medicaid managed care enrollees</i> Provides comprehensive mental health and substance abuse services</p>	
		1915(c) Waivers
<p>New Mexico Coordinated Long Term Services (COLTS) <i>Individuals aged 65 and older and persons with disabilities ages 0 – 64</i> Provides adult day health, respite, service coordination, skilled maintenance therapy, assisted living, community transition relocation specialists, community transition services, emergency response, environmental mods, private duty nursing for adults</p>	<p>New Mexico Mi Via- Nursing Facility <i>Individuals aged 65 and older and individuals with disabilities ages 0-64</i> Provides consultant/support guide, customized community supports, employment supports, homemaker/direct support services, respite, home health aide services, skilled therapy for adults, personal plan facilitation, assisted living, behavior support consultation, community direct support, customized in-home living supports, emergency response services, environmental mods, nutritional counseling, private duty nursing for adults, related goods, specialized therapies, transportation</p>	
<p>New Mexico Mi Via-Intermediate Care Facility/Mental Retardation <i>Individuals with autism, developmental disabilities and mental retardation</i> Provides consultant/support guide, customized community supports, employment supports, homemaker/direct support services, respite, home health aide services, skilled therapy for adults, personal plan facilitation, assisted living, behavior support consultation, community direct support, customized in-home living supports, emergency response services, environmental mods, nutritional counseling, private duty nursing for adults, related goods, specialized therapies, transportation</p>		

NEW MEXICO

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health/fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health/fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ New Mexico Human Services Department. (2012). "New Mexico Medicaid and Premium Assistance Programs." Available from: http://www.hsd.state.nm.us/mad/pdf_files/GeneralInfo/Eligibility%20Pamphlet%202012_04-01-2012.pdf
- ¹⁰ Centers for Medicare & Medicaid Services. (no date). "Medicaid State Plan Amendments." Available from: <http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Plan-Amendments/Medicaid-State-Plan-Amendments.html>
- ¹¹ Kaiser Family Foundation. (2008). "Benefits by States: New Mexico (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=32&yr=4&cat=0&nt=on>
- ¹² Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹³ Personal communication with New Mexico Human Services Department Staff (2011).
- ¹⁴ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁵ The waivers reflected in this table are those that were in existence in 2008.
- ¹⁶ New Mexico Human Services Department. (no date). "Salud!" Available from: <http://www.hsd.state.nm.us/mad/CSalud.html>

NEW YORK



	New York, 2008	United States, 2008
Population ¹	19,490,297	304,059,724
Medicaid Enrollment ²	4,139,582	43,601,565
CHIP Enrollment ³	365,311	4,835,639
% of Pop. on Medicaid	21.24%	14.34%
% of Pop. on CHIP	1.87%	1.59%
Medicaid FMAP ⁴	50%	50% - 76.29%
CHIP FMAP ⁵	65%	65% - 83.40%
% Managed Care ⁶	65.44%	70.91%

This State profile provides background information about the New York's Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The New York State Department of Health administers the New York Medicaid and CHIP programs. The New York CHIP program, Child Health Plus, is a standalone program that operates independently of the New York Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these New York covers. New York covers 6 optional eligibility groups.⁹

TABLE 1: NEW YORK'S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
√	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
√	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

NEW YORK

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in New York. New York covers 20 of the commonly covered optional services.¹⁰

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹¹ In New York, claims are processed through the State's MMIS.¹²

TABLE 2: NEW YORK'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
√	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
√	Personal care services
√	Physical therapy
	Podiatrist services
√	Prescribed drugs
√	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

NEW YORK

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. New York operates 6 waivers under its Medicaid program as shown in Table 3.¹³

TABLE 3: POPULATIONS AND SERVICES COVERED IN NEW YORK'S MEDICAID WAIVERS, 2008

1115 Waivers

New York Federal-State Health Reform Partnership

Aged, blind and disabled individuals statewide, and children, caretaker relatives, and pregnant women in selected counties

Provides Federal financial support for a health reform program in New York that addresses the States need to modernize its acute and long-term care infrastructure, increase capacity in primary and ambulatory care, and make investments in health information technology

New York Partnership Plan

All TANF and TANF-related Medicaid State Plan-eligible individuals in most New York counties, as well as Safety Net (formerly Home Relief) recipients;

- *Uninsured childless adults with gross incomes at or below 100 %FPL and resources not exceeding 150% of the medically needy Medicaid income standard; Uninsured adults with children with gross incomes at or below 150 % FPL and resources not exceeding 150% of the medically needy Medicaid income standard (Family Health Plus program);*
- *Women who have lost pregnancy coverage under the Partnership Plan at the conclusion of their 60-day postpartum period as well as men and women of childbearing age with net incomes at or below 200% FPL who are not otherwise eligible for Medicaid or other public or private health insurance coverage that provides family planning services (Family Planning expansion)*

Managed care delivery system

1915(c) Waivers

New York State Office of Mental Retardation and Developmental Disabilities-Care at Home IV

Individuals ages 0-17 with mental retardation, developmental disabilities and autism

Provides case management, respite & assistive technology (Expires September 2012)

New York Care at Home I/II

Individuals ages 0-17 with physical disabilities

Provides case management, bereavement services, expressive therapies, family palliative care education (training), home and vehicle mods, massage therapy, pain and symptom management, respite

New York Care At Home VI

Individuals ages 0-17 with mental retardation, developmental disabilities and autism

Provides case management, respite and assistive technology

New York Traumatic Brain Injury

Individuals aged 65 and older with disabilities, and persons with a traumatic brain injury ages 18 and older

Provides service coordination, assistive technology, community integration counseling, community transitional, environmental mods, home and community support, independent living skills and training, positive behavioral interventions and support, respite, structured day program, substance abuse program, transportation

- 1 United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- 2 Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemactable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- 3 Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from: <http://www.statehealthfacts.org/comparemactable.jsp?ind=236&cat=4>
- 4 Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- 5 Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- 6 Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- 7 The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- 8 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- 9 New York State Department of Health. (2011). "New York Medicaid State Plan." Available from: http://www.health.ny.gov/regulations/state_plans/docs/nys_medicaid_plan.pdf
- 10 Kaiser Family Foundation. (2008). "Benefits by States: New York (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=33&yr=4&cat=0&nt=on>
- 11 Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- 12 Personal communication with New York State Department of Health Staff (2008).
- 13 Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>

NORTH CAROLINA



	North Carolina, 2008	United States, 2008
Population ¹	9,222,414	304,059,724
Medicaid Enrollment ²	1,238,024	43,601,565
CHIP Enrollment ³	122,379	4,835,639
% of Pop. on Medicaid	13.42%	14.34%
% of Pop. on CHIP	1.33%	1.59%
Medicaid FMAP ⁴	64.05%	50% - 76.29%
CHIP FMAP ⁵	74.84%	65% - 83.40%
% Managed Care ⁶	66.88%	70.91%

This State profile provides background information about North Carolina's Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The North Carolina Department of Health and Human Services administers the North Carolina Medicaid and CHIP programs. The North Carolina CHIP program, Health Choice for Children, is a combination program that operates through the North Carolina Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these North Carolina covers. North Carolina covers 5 optional eligibility groups.⁹

TABLE 1: NORTH CAROLINA'S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
√	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
√	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

NORTH CAROLINA

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in North Carolina. North Carolina covers 19 of the commonly covered optional services.¹⁰

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of DHHS has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹¹ In North Carolina, payment claims are processed through MMIS if the State draws an FMAP. However, contract payments to vendors and services covered with state funds only are paid outside of the State's MMIS.¹²

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services (HHS) to waive federal requirements to allow States expand the populations and/or services covered by their State programs. North Carolina currently operates 4 waivers under its Medicaid program, but operated 7 waivers in 2008 as shown in Table 3.¹³

TABLE 2: NORTH CAROLINA'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
√	Personal care services
	Physical therapy
√	Podiatrist services
√	Prescribed drugs
√	Private duty nurses
	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

NORTH CAROLINA

TABLE 3: POPULATIONS AND SERVICES COVERED IN NORTH CAROLINA'S MEDICAID WAIVERS, 2008¹⁴

1115 Waiver

North Carolina Be Smart

Individuals aged 18 and older, with a family income at or below 185% FPL, who are not otherwise eligible for Medicaid, and do not have any other health insurance coverage.

Family planning services

1915(b)(c) Waiver

North Carolina Piedmont Behavioral Health Care

Individuals of all ages with developmental disabilities, mental retardation, and substance abuse in Cabarrus, Davidson, Rowan, Stanley, and Union counties

Provider behavioral health care (Expired March 2012)

1915(c) Waivers

North Carolina Comprehensive Waiver

Individuals with autism, developmental disabilities, mental retardation

Provides adult day health, day supports, personal care, residential supports, respite, supported employment, augmentative communication devices, behavior consultant, crisis respite, crisis services, home and community supports, home mods, home supports, individual caregiver training and education, long term vocational supports, personal emergency response service, specialized consultative services, specialized equipment and supplies, transportation, vehicle adaptations (Expired 2011)

North Carolina Community Alternatives Program for Children

Medically fragile individuals ages 0 - 20

Provides CAP/Choice personal care services in-home respite care, CAP/Choice personal care, case management, CAP/Choice nursing services, CAP/Choice pediatric nurse aide in-home respite care, CAP/Choice pediatric nurse aide services, caregiver training and education, community transition funding, home mods, in-home nurse respite, institutional respite, motor vehicle mods, palliative care-counseling and bereavement counseling, palliative care-expressive therapies, waiver supplies-adaptive tricycle, waiver supplies-re-usable incontinence undergarments, waiver supply-disposable liners for reusable incontinence undergarments

North Carolina Community Alternatives Program (CAP) Choice Independence Plus (IP)

Individuals aged 65 and older, and persons with disabilities ages 18-64

Provides adult day health, respite institutional, in-home aide, personal assistant, care advisor, financial management services, consumer-directed goods and services, home mods and mobility aids, preparation and deliver of meals, respite (in-home), telephone alert, waiver supplies

North Carolina Community Alternatives Program (CAP) for Disabled Adults

Individuals aged 65 and older and persons with disabilities ages 18-64

Provides adult day health, case management, institutional respite, care advisor (CHOICE option only), assistive technology, home mods and mobility aids, meal preparation and delivery, non-institutional respite, participant goods and services, personal assistant (CHOICE option only), personal care aide, personal emergency response services, training and education, transition, waiver supplies

North Carolina Supports Waiver

Individuals with autism, developmental disabilities, mental retardation

Provides adult day health, day supports, home and community supports, personal care, respite, supported employment, augmentative communication devices, behavior consultation, crisis respite, crisis services, home mods, individual and caregiver training, individual goods and services (self-directed only), long term vocational supports, personal emergency response service, specialized consultative services, specialized equipment and supplies, transportation, vehicle adaptation (Expired 2011)

NORTH CAROLINA

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ North Carolina Department of Health and Human Services. (2012). "Medicaid State Plan." Available from: <http://www.ncdhhs.gov/dma/plan/sp.pdf>
- ¹⁰ Kaiser Family Foundation. (2008). "Benefits by States: North Carolina (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=34&yr=4&cat=0&nt=on>
- ¹¹ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹² Personal communication with North Carolina Department of Health and Human Services Staff (2012).
- ¹³ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁴ The waivers reflected in this table are those that were in existence in 2008.

OHIO



	Ohio, 2008	United States, 2008
Population¹	11,485,910	304,059,724
Medicaid Enrollment²	1,653,250	43,601,565
CHIP Enrollment³	145,049	4,835,639
% of Pop. on Medicaid	14.39%	14.34%
% of Pop. on CHIP	1.26%	1.59%
Medicaid FMAP⁴	60.79%	50% - 76.29%
CHIP FMAP⁵	72.55%	65% - 83.40%
% Managed Care⁶	71.50%	70.91%

This State profile provides background information about Ohio’s Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁹

The Ohio Department of Job and Family Services administers the Ohio Medicaid and CHIP programs. The Ohio CHIP program operates as an expansion of Healthy Start, the Ohio Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Ohio covers. Ohio covers 3 optional eligibility groups.^{10,11}

TABLE 1: OHIO’S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL) ⁸
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
√	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
	Certain uninsured or low-income women who are screened for breast or cervical cancer
	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state’s eligibility level

OHIO

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Ohio. Ohio covers 21 of the commonly covered optional services.¹²

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹³ As of 2009, Ohio's Medicaid claims were processed through the State's MMIS, with the exception of non-emergency transportation claims.¹⁴

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Ohio operates 7 waivers under its Medicaid program as shown in Table 3.¹⁵

TABLE 2: OHIO'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
√	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
√	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

OHIO

TABLE 3: POPULATIONS AND SERVICES COVERED IN OHIO'S MEDICAID WAIVERS, 2008¹⁶

1915(c) Waivers

Ohio Home Care*Individuals ages 0-59 with physical disabilities*

Provides adult day health center services, personal care aide, personal emergency response services, home care attendant, home delivered meals, home mods, out-of-home respite, supplemental adaptive and assistive device services, supplemental transportation, waiver nursing services

Ohio Passport*Individuals aged 65 and older, and persons with physical disabilities ages 60-64*

Provides adult day, homemaker, personal care, chore, community transition, emergency response system, enhanced community living services, home delivered meals, home medical equipment and supplies, independent living assistance, minor home mods-maintenance and repair, non-medical transportation, nutritional consultation, social work counseling, transportation

Ohio Individual Options*Individuals with mental retardation/developmental disabilities*

Provides homemaker/personal care, respite, adaptive and assistive equipment, adult family living, adult foster care, community respite, environmental accessibility adaptations, habilitative-adult day support, habilitative-vocational, home delivered meals, homemaker/personal care-daily billing unit, interpreter, non-medical transportation, nutrition, remote monitoring equipment, remote monitoring, residential respite, social work, supported employment-adapted equipment, supported employment-community, supported employment-enclave, transportation

Ohio Choices*Individuals with physical disabilities ages 60-64 and aged 65 and older*

Provides adult day, alternative meals service, emergency response system, home care attendant, home delivered meals, home medical equipment and supplies, minor home mods/maintenance and repair service, pest control

Ohio Assisted Living*Individuals with physical disabilities ages 21-64 and aged 65 and older*

Provides assisted living services and community transition services

Ohio Transitions II Aging Carve Out*Individuals aged 65 and older and individuals with disabilities ages 60-64*

Provides adult day health center services, personal care aide services, emergency response services, home care attendant services, home delivered meal services, home mods, out-of-home respite, supplemental adaptive and assistive device services, supplemental transportation, waiver nursing services

Ohio Transitions Developmental Disabilities*Individuals with autism, mental retardation, developmental disabilities*

Provides adult day health center services, personal care aide services, emergency response, home delivered meals, home mods, out-of-home respite, supplemental adaptive and assistive devices, supplemental transportation, waiver nursing services

OHIO

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemactable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemactable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenter/ResourceCenter/ResourceCenter/ResourceCenter/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ Ohio's Medicaid program provides coverage for pregnant women up to 200% FPL.
- ⁹ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ¹⁰ Ohio Department of Job and Family Services. (2012). "Ohio Medicaid." Available from: <http://www.odjfs.state.oh.us/forms/file.asp?id=1803&type=application/pdf>
- ¹¹ Centers for Medicare & Medicaid Services. (no date). "Medicaid State Plan Amendments." Available from: <http://www.medicare.gov/State-Resource-Center/Medicaid-State-Plan-Amendments/Medicaid-State-Plan-Amendments.html>
- ¹² Kaiser Family Foundation. (2008). "Benefits by States: Ohio (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=36&yr=4&cat=0&nt=on>
- ¹³ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹⁴ Personal communication with Ohio Jobs and Family Services Staff (2009).
- ¹⁵ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁶ The waivers reflected in this table are those that were in existence in 2008.

OKLAHOMA



	Oklahoma, 2008	United States, 2008
Population ¹	3,790,060	304,059,724
Medicaid Enrollment ²	522,406	43,601,565
CHIP Enrollment ³	62,955	4,835,639
% of Pop. on Medicaid	14.34%	14.34%
% of Pop. on CHIP	1.73%	1.59%
Medicaid FMAP ⁴	67.10%	50% - 76.29%
CHIP FMAP ⁵	76.97%	65% - 83.40%
% Managed Care ⁶	87.60%	70.91%

This State profile provides background information about Oklahoma's Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The Oklahoma Health Care Authority administers the Oklahoma Medicaid and CHIP programs. Oklahoma's CHIP program, SoonerCare, is a combination program and operates through the Oklahoma Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Oklahoma covers. Oklahoma covers 4 optional eligibility groups.⁹

TABLE 1: OKLAHOMA'S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED	COMMON OPTIONAL ELIGIBILITY GROUPS
(√)	
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
√	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

OKLAHOMA

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Oklahoma. Oklahoma covers 14 of the commonly covered optional services.¹⁰

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹¹ In Oklahoma, claims are processed through the State's MMIS as of 2011.¹²

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Oklahoma currently operates 2 waiver under its Medicaid program, but was operating 6 waivers in 2008, as shown in Table 3.¹³

TABLE 2: OKLAHOMA'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
	Chiropractic services
√	Clinic services
√	Prosthetic devices
	Dentures
	Occupational therapy
√	Diagnostic, screening, and preventative services
	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
	Optometrists' services and eyeglasses
√	Personal care services
	Physical therapy
√	Podiatrist services
√	Prescribed drugs
	Private duty nurses
	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

OKLAHOMA

TABLE 3: Populations and Services covered in Oklahoma's Medicaid Waivers, 2008¹⁴

1115 Waiver

Oklahoma SoonerCare

Temporary Assistance for Needy Families (TANF) related populations and the aged and disabled, with some exceptions, are eligible for this waiver. The demonstration also covers expansion groups, under the Insure Oklahoma Program, that include disabled and non-disabled working adults, unemployed, and full-time college students up to 200% FPL, the State may increase coverage for these expansion groups up to 250% FPL.

Medicaid State plan benefits are delivered under a primary care case management model. (Expires December 2012, renewal pending)

1915(c) Waivers

Oklahoma Community

Individuals with mental retardation ages 3 and older

Provides adult day health, habilitation training specialist services, homemaker, prevocational, respite, supported employment, dental, home health care, nutrition, physician services (provided by a psychiatrist), prescribed drugs, psychological, specialized medical supplies, agency companion, assistive technology, audiology, community transition, environmental accessibility adaptations and architectural mods, family counseling, family training, group home services, intensive personal support, occupational therapy, physical therapy, specialized foster care, specialized medical supplies and assistive technology, speech therapy, transportation (Expired 2011)

Oklahoma Home Bound

Individuals with mental retardation ages 21 and older

Provides habilitation training specialist services, homemaker, prevocational, respite, supported employment, assistive technology, dental, home health care, nutrition, physician services (provided by a psychiatrist), prescribed drugs, psychological services, specialized medical supplies, agency companion, architectural mods and environmental accessibility adaptations, audiology, daily living supports, family counseling, family training, group home services, intensive personal supports, occupational therapy, physical therapy, specialized foster care, speech therapy, transportation (Expired 2011)

Oklahoma In-Home Supports Waiver for Children

Individuals with mental retardation ages 3-17 years old

Provides habilitation training specialist services, respite, assistive technology, specialized medical supplies, environmental accessibility adaptations and architectural mods, family training, occupational therapy/physical therapy, self-directed goods and services, specialized medical supplies and assistive technology, specialized medical supplies (Expired June 2012)

Oklahoma In-Home Supports Waiver for Adults

Individuals with mental retardation ages 18 and older

Provides adult daycare, habilitation training specialist services, homemaker, prevocational, respite, supported employment, home health care/skilled nursing/registered nursing, nutrition, physician services (provided by a psychiatrist), prescribed drugs, psychological services, assistive technology, specialized medical supplies, audiology, dental, environmental accessibility adaptations and architectural mods, family counseling, family training, occupational therapy, physical therapy, self-directed good and services, specialized medical supplies and assistive technology, speech therapy, transportation (Expired June 2012)

Oklahoma Medically Fragile

Medically fragile and technology dependent individuals ages 19 and older

Provides case management, personal care, respite, prescribed drugs, advanced supportive/restorative assistance, environmental mods, home delivered meals, hospice care, personal emergency response service (PERS), private duty nursing, skilled nursing, specialized medical equipment and supplies, respiratory therapy, occupational therapy, physical therapy, speech therapy

OKLAHOMA

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health/fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health/fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ Oklahoma Health Care Authority (no date). "Title XIX: State Plan." Available from: <http://www.okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=3391>.
- ¹⁰ Kaiser Family Foundation. (2008). "Benefits by States: Oklahoma (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=37&yr=4&cat=0&nt=on>
- ¹¹ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹² Personal communication with Oklahoma Health Care Authority Staff (2011).
- ¹³ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁴ The waivers reflected in this table are those that were in existence in 2008.

OREGON



	Oregon, 2008	United States, 2008
Population ¹	3,790,060	304,059,724
Medicaid Enrollment ²	356,493	43,601,565
CHIP Enrollment ³	50,736	4,835,639
% of Pop. on Medicaid	9.41%	14.34%
% of Pop. on CHIP	1.34%	1.59%
Medicaid FMAP ⁴	60.86%	50% - 76.29%
CHIP FMAP ⁵	72.60%	65% - 83.40%
% Managed Care ⁶	91.18%	70.91%

This State profile provides background information about Oregon's Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The Oregon Health Authority administers the Oregon Medicaid and CHIP programs. The Oregon CHIP program, Healthy Kids, is a standalone program that operates independently of Oregon's Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Oregon covers. Oregon covers 6 optional eligibility groups.⁹

TABLE 1: OREGON'S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
√	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
√	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

OREGON

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Oregon. Oregon covers 22 of the commonly covered optional services.¹⁰

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹¹ In Oregon, most claims are processed through the State's MMIS. However, the following are not captured in the MMIS: the ICF/MR waiver, the family planning waiver, some health insurance premium payments (HIPP), and public health programs.¹²

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Oregon operates 6 waivers under its Medicaid program, but in 2008 operated 7 as shown in Table 3.¹³

TABLE 2: OREGON'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
√	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
√	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
√	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

OREGON

TABLE 3: POPULATIONS AND SERVICES COVERED IN OREGON'S MEDICAID WAIVERS, 2008¹⁴

1115 Waivers

Oregon Health Plan

Mandatory and optional State Plan populations, and expansion populations
 Provides coverage through the OHP Plus benefits package and a limited benefits package to the expansion populations through OHP Standard

Oregon Family Planning Expansion Program

Women and men of childbearing age, who have a family income at or below 250% FPL, who are not otherwise eligible for Medicaid and CHIP
 Coverage for family planning services (Expires October 2012)

1915(c) Waivers

Oregon Medically Involved Children's Waiver

Individuals with physical disabilities ages 0-17
 Provides homemaker/chore, respite, physical therapy, occupational therapy, speech and language service, behavior consultant, environmental accessibility adaptations, family training, non-medical transportation, special diets, specialized medical equipment and supplies, translation (Expired 2011)

Oregon Behavioral (ICF/MR) Model

Individuals with mental retardation/developmental disabilities ages 0-17
 Provides homemaker/chore, respite, physical therapy/occupational therapy/speech and language, behavioral consultant, environmental accessibility adaptations, family training, non-medical transportation, special diets, specialized medical equipment and supplies, translation

Oregon Intermediate Care Facilities and Mental Retardation Comprehensive Residential

Individuals with mental retardation/developmental disabilities
 Provides day habilitative services, prevocational-supported employment, group care homes for adults, group care homes for children, respite, occupational therapy, physical therapy, speech hearing language services, comprehensive in-home support, crisis/diversion, environmental accessibility adaptations, family training, habilitative adult foster care, habilitative children's developmental disability foster care, habilitative supported living, non-medical transportation, specialized medical equipment and supplies

Oregon Intermediate Care Facilities and Mental Retardation Support

Individuals with mental retardation/developmental disabilities ages 18 and older
 Provides homemaker, respite, supported employment, occupational therapy, physical therapy, speech/hearing/language, chore, community living and inclusion support, emergent services, environmental accessibility adaptations, family training, non-medical transportation, personal emergency response services, special diets, specialized medical equipment and supplies, specialized supports, support services brokerage operations

Oregon Medically Fragile (Hospital) Model

Medically fragile individuals ages 0-17
 Provides homemaker/chore, respite, physical therapy/occupational therapy/speech and language, behavioral consultant, environmental accessibility adaptations, family training, non-medical transportation, special diets, specialized medical equipment and supplies, translation

OREGON

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health/fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health/fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ Oregon Health Authority (no date). "Oregon State Plan." Available from: http://www.oregon.gov/OHA/healthplan/Pages/tools_policy/stateplan.aspx.
- ¹⁰ Kaiser Family Foundation. (2008). "Benefits by States: Oregon (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=38&yr=4&cat=0&nt=on>
- ¹¹ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹² Personal communication with Rhode Island Department of Human Services Staff (2012).
- ¹³ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁴ The waivers reflected in this table are those that were in existence in 2008.

RHODE ISLAND



	Rhode Island, 2008	United States, 2008
Population¹	1,050,788	304,059,724
Medicaid Enrollment²	158,673	43,601,565
CHIP Enrollment³	12,348	4,835,639
% of Pop. on Medicaid	15.10%	14.34%
% of Pop. on CHIP	1.18%	1.59%
Medicaid FMAP⁴	52.51%	50% - 76.29%
CHIP FMAP⁵	66.76%	65% - 83.40%
% Managed Care⁶	61.87%	70.91%

This State profile provides background information about Rhode Island’s Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁹

The Rhode Island Department of Human Services administers the Rhode Island Medicaid and CHIP programs. The Rhode Island CHIP program, Rite Care, is a combination program and operates through the Rhode Island Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Rhode Island covers. Rhode Island covers 5 optional eligibility groups.^{10,11}

TABLE 1: RHODE ISLAND’S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL) ⁸
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
√	Aged, blind, or disabled recipients of state supplementary income payments
	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state’s eligibility level

RHODE ISLAND

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Rhode Island. Rhode Island covers 15 of the commonly covered optional services.¹²

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹³ In Rhode Island, claims are processed through the State's MMIS system.¹⁴

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. In 2008, Rhode Island did not operate any waivers, but currently operates 1 waiver, the Rhode Island Global Consumer Choice Compact.¹⁵

TABLE 2: RHODE ISLAND'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
	Chiropractic services
	Clinic services
√	Prosthetic devices
√	Dentures
	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
	Personal care services
	Physical therapy
√	Podiatrist services
√	Prescribed drugs
	Private duty nurses
	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

RHODE ISLAND

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ Rhode Island's Medicaid program provides coverage for infants and pregnant women up to 250% FPL.
- ⁹ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ¹⁰ Rhode Island Department of Human Services. (2012). "Medical Assistance." Available from: https://www.policy.dhs.ri.gov/0300.htm#_Toc333814343
- ¹¹ Rhode Island Department of Health Services. (2008). "Annual Medicaid Expenditure Report – State Fiscal Year 2008." Available from: http://www.dhs.ri.gov/Portals/0/Uploads/Documents/Public/Reports/RI_Medicaid_Expend2008_final.pdf
- ¹² Kaiser Family Foundation. (2008). "Benefits by States: Rhode Island (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=40&yr=4&cat=0&nt=on>
- ¹³ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹⁴ Personal communication with Rhode Island Department of Human Services Staff (2012).
- ¹⁵ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>

SOUTH CAROLINA



	South Carolina, 2008	United States, 2008
Population ¹	4,479,800	304,059,724
Medicaid Enrollment ²	643,379	43,601,565
CHIP Enrollment ³	45,332	4,835,639
% of Pop. on Medicaid	14.36%	14.34%
% of Pop. on CHIP	1.01%	1.59%
Medicaid FMAP ⁴	69.79%	50% - 76.29%
CHIP FMAP ⁵	78.85%	65% - 83.40%
% Managed Care ⁶	93.82%	70.91%

This State profile provides background information about the South Carolina's Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The South Carolina Health and Human Services administers the South Carolina Medicaid and CHIP programs. The South Carolina CHIP program is part of a Medicaid expansion of the South Carolina Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these South Carolina covers. South Carolina covers 5 optional eligibility groups.⁹

TABLE 1: SOUTH CAROLINA'S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
√	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

SOUTH CAROLINA

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in South Carolina. South Carolina covers 15 of the commonly covered optional services.¹⁰

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹¹ In South Carolina, all claims are paid through the State's MMIS.¹²

TABLE 2: SOUTH CAROLINA'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
	Clinic services
√	Prosthetic devices
	Dentures
	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
	Personal care services
	Physical therapy
√	Podiatrist services
√	Prescribed drugs
	Private duty nurses
	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

SOUTH CAROLINA

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. South Carolina currently operates 2 waivers under its Medicaid program, but operated 4 in 2008 as shown in Table 3.¹⁴

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemactable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from: <http://www.statehealthfacts.org/comparemactable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ South Carolina Health and Human Services (no date). "Groups Covered and Agencies Responsible for Eligibility Determinations." Available from: http://www1.scdhhs.gov/openpublic/stateplan/Attachments_2.2-A_.pdf
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ South Carolina Health and Human Services. (2012). "Income Limits." Available from: <http://www.scdhhs.gov/site-page/income-limits>
- ¹⁰ Kaiser Family Foundation. (2008). "Benefits by States: South Carolina (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=41&yr=4&cat=0&nt=on>
- ¹¹ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹² Personal communication with South Carolina Health and Human Services Staff (2012).
- ¹³ The waivers reflected in this table are those that were in existence in 2008.
- ¹⁴ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>

TABLE 3: POPULATIONS AND SERVICES COVERED IN SOUTH CAROLINA'S MEDICAID WAIVERS, 2008¹³

1115 Waivers

South Carolina Family Planning Demonstration

Women of childbearing age, with a family income at or below 185 percent of the Federal poverty level, who are not otherwise eligible for Medicaid, or CHIP and do not have any other health insurance coverage.

Provides coverage for family planning and family planning related services (Expired January 2011)

1915(c) Waivers

South Carolina Mechanical Ventilator Dependent

Individuals aged 18 and older with disabilities who are technology dependent

Provides personal care I and II, respite, prescription drugs (except drugs furnished to participants who are eligible for Medicare Part D benefits), attendant care, home accessibility adaptations, personal emergency response service, private duty nursing, specialized medical equipment and supplies (Expires November 2012)

South Carolina Head and Spinal Cord Injury

Individuals aged 65 years and older and individuals with disabilities ages 0-64

Provides attendant care/personal assistance, day habilitative services, prevocational, residential habilitative services, respite care, supported employment, occupational therapy, physical therapy, prescribed drugs (except drugs furnished to participants under Medicaid Part D), speech-hearing and language, behavioral support, environmental mods, health education for consumer-directed care, Medicaid waiver nursing, medical supplies-equipment and assistive technology, peer guidance for consumer-directed care, personal emergency response service, private vehicle mods, psychological services

South Carolina Community Choices

Individuals aged 65 and older and persons with physical disabilities ages 18 - 64

Provides adult day health care, case management, personal care/personal care I and II, respite, adult care home service, adult companion care, adult day health care transportation, attendant care, home accessibility adaptation, home delivered meals, nursing home transition, personal emergency response service, specialized medical equipment and supplies, telemonitoring

SOUTH DAKOTA



	South Dakota, 2008	United States, 2008
Population¹	804,194	304,059,724
Medicaid Enrollment²	90,913	43,601,565
CHIP Enrollment³	11,531	4,835,639
% of Pop. on Medicaid	11.30%	14.34%
% of Pop. on CHIP	1.43%	1.59%
Medicaid FMAP⁴	60.03%	50% - 76.29%
CHIP FMAP⁵	72.02%	65% - 83.40%
% Managed Care⁶	98.84%	70.91%

This State profile provides background information about South Dakota’s Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁷

The South Dakota Department of Social Services administers the South Dakota Medicaid and CHIP programs. The South Dakota CHIP program is a combination program and operates through the South Dakota Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these South Dakota covers. South Dakota covers 2 optional eligibility groups.^{8,9}

TABLE 1: SOUTH DAKOTA’S OPTIONAL ELIGIBILITY GROUPS, 2008¹⁰

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
√	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state’s eligibility level

SOUTH DAKOTA

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in South Dakota. South Dakota covers 21 of the commonly covered optional services.¹¹

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹² In South Dakota, most claims are processed through the State's MMIS, with the exception of dental and non-emergency transportation claims.¹³

TABLE 2: SOUTH DAKOTA'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
√	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
√	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

SOUTH DAKOTA

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. South Dakota operates 2 waivers under its Medicaid program, but in 2008 operated 3 as shown in Table 3.¹⁵

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemactable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from: <http://www.statehealthfacts.org/comparemactable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁸ South Dakota Department of Social Services. (2011). "Medical Eligibility." Available from: <http://dss.sd.gov/medicaleligibility/>
- ⁹ Centers for Medicare & Medicaid Services. (no date). "Medicaid State Plan Amendments." Available from: <http://www.medicare.gov/State-Resource-Center/Medicaid-State-Plan-Amendments/Medicaid-State-Plan-Amendments.html>
- ¹⁰ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ¹¹ Kaiser Family Foundation. (2008). "Benefits by States: South Dakota (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=42&yr=4&cat=0&nt=on>
- ¹² Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹³ Personal communication with South Dakota Department of Social Services Staff (2008).
- ¹⁴ The waivers reflected in this table are those that were in existence in 2008.
- ¹⁵ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>

TABLE 3: POPULATIONS AND SERVICES COVERED IN SOUTH DAKOTA'S MEDICAID WAIVERS, 2008¹⁴

1915(c) Waivers

South Dakota Family Support

Individuals with developmental disabilities and mental retardation

Provides case management, personal care, respite, supported employment, companion care, environmental accessibility adaptations, nutritional supplements, specialized medical adaptive equipment and supplies, vehicle mods (Expired May 2012)

South Dakota Assistive Daily Living Services

Individuals aged 65 and older, and persons who are physically disabled ages 18-64

Provides case management, personal attendant care, ancillary services - emergency response devices, ancillary services - private duty nursing, consumer preparation specialist services, specialized medical supplies

South Dakota Community, Hope, Opportunity, Independence, Careers, Empowerment, Success (CHOICES)

Individuals with developmental disabilities and mental retardation of all ages

Provides day habilitative services, prevocational, residential habilitative service, service coordination, supported employment, medical equipment and drugs, nursing, other medically related services-speech, hearing & language

TENNESSEE



	Tennessee, 2008	United States, 2008
Population ¹	6,214,888	304,059,724
Medicaid Enrollment ²	1,236,959	43,601,565
CHIP Enrollment ³	53,064	4,835,639
% of Pop. on Medicaid	19.90%	14.34%
% of Pop. on CHIP	0.85%	1.59%
Medicaid FMAP ⁴	63.71%	50% - 76.29%
CHIP FMAP ⁵	74.6%	65% - 83.40%
% Managed Care ⁶	100.00%	70.91%

This State profile provides background information about Tennessee’s Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The Tennessee Department of Human Services administers the Tennessee Medicaid and CHIP programs. The Tennessee CHIP program, CoverKids, is a combination program that operates through the Tennessee Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Tennessee covers. Tennessee covers 5 optional eligibility groups.⁹

TABLE 1: TENNESSEE’S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
√	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state’s eligibility level

TENNESSEE

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Tennessee. Tennessee covers 18 of the commonly covered optional services.¹⁰

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹¹ Tennessee covers all populations under managed care and includes payments to managed care organization in MMIS. However, because the managed care organization (and not the State) pays claims for services rendered, Tennessee's MMIS does not include fee-for-service claims.¹²

TABLE 2: TENNESSEE'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
	Chiropractic services
√	Clinic services
√	Prosthetic devices
	Dentures
√	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
√	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

TENNESSEE

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Tennessee operates 4 waivers under its Medicaid program as shown in Table 3.¹⁴

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health/fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health/fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenters/ResourceCenters/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ TennCare (no date). "Groups Covered and Agencies Responsible for Eligibility Determination." Available from: <http://www.tn.gov/tenncare/forms/2-2-a.pdf>.
- ¹⁰ Kaiser Family Foundation. (2008). "Benefits by States: Tennessee (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=43&yr=4&cat=0&nt=on>
- ¹¹ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹² Personal communication with Tennessee Department of Human Services Staff (2008).
- ¹³ The waivers reflected in this table are those that were in existence in 2008.
- ¹⁴ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>

TABLE 3: POPULATIONS AND SERVICES COVERED IN TENNESSEE'S MEDICAID WAIVERS, 2008¹³

	1115 Waiver
Tennessee TennCare	
<i>Low-income children who normally are not eligible for Medicaid Health care, and enhanced funding hospital care and graduate medical education</i>	
	1915(c) Waiver
Tennessee Self-Determination	
<i>Individuals with mental retardation ages 0 and older, and persons with developmental disabilities ages 0-5</i>	
Provides respite, nursing, nutrition, occupational therapy, physical therapy, specialized medical equipment and supplies and assistive technology, speech/language/and hearing, adult dental, behavior services, behavioral respite, day services, emergency assistance, environmental accessibility mods, individual transportation, orientation and mobility services for impaired vision, personal assistance, personal emergency response service	
Tennessee HCBS Waiver for Persons with Mental Retardation	
<i>Individuals with mental retardation ages 0 and older</i>	
Provides residential habilitative services , respite, support coordination, nursing services, nutrition services, occupational therapy, physical therapy, specialized medical equipment and supplies and assistive technology, speech/language/and hearing services, behavior services, day services, dental services, environmental accessibility mods, family model residential support, individual transportation, medical residential services, orientation and mobility services for impaired vision, personal assistance, personal emergency response services, supported living, transitional case management, vision services	
Tennessee HCBS Mental Retardation and Developmental Disabilities	
<i>Individuals with developmental disabilities ages 0-5, and persons with mental retardation ages 0 and older</i>	
Provides residential habilitative services , respite, support coordination, nursing services, nutrition services, occupational therapy, physical therapy, specialized medical equipment and supplies and assistive technology, speech/language/and hearing services, adult dental, behavior services, behavioral respite, day services, environmental accessibility mods, family model residential support, individual transportation, medical residential services, orientation and mobility services for impaired vision, personal assistance, personal emergency response services, supported living, transitional case management	

TEXAS



	Texas, 2008	United States, 2008
Population ¹	24,326,974	304,059,724
Medicaid Enrollment ²	2,882,625	43,601,565
CHIP Enrollment ³	554,642	4,835,639
% of Pop. on Medicaid	11.85%	14.34%
% of Pop. on CHIP	2.28%	1.59%
Medicaid FMAP ⁴	60.53%	50% - 76.29%
CHIP FMAP ⁵	72.37%	65% - 83.40%
% Managed Care ⁶	69.59%	70.91%

This State profile provides background information about Texas' Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The Texas Health and Human Services Commission administers the Texas Medicaid and CHIP programs. The Texas CHIP program is a standalone program that operates independent of the Texas Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to specific mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Texas covers. Texas covers 4 optional eligibility groups.⁹

TABLE 1: TEXAS'S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirement
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waiver
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

TEXAS

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Texas. Texas covers 18 of the commonly covered optional services.¹⁰

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹¹

In Texas, most fee-for-service claims are processed through the State’s MMIS. However, small independent claims processing systems process the following claims: County Indigent Health Care Pharmacy claims, laboratory claims, newborn screening and CHIP perinatal newborn screening, State Hospital claims, and non-emergency transportation (NET) claims.¹²

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Texas operates 10 waivers under its Medicaid program as shown in Table 3.¹³

TABLE 2: TEXAS'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
√	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
	Private duty nurses
	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

TEXAS

TABLE 3: POPULATIONS AND SERVICES COVERED IN TEXAS'S MEDICAID WAIVERS, 2008¹⁴

1115 Waiver	
<p>Texas SCHIP Cost Share 1115 <i>Children in families with incomes above 133% FPL up to 150% FPL</i> Waives the cost-sharing limits, institutes a \$25 enrollment fee every 6 months upon initial enrollment and re-enrollment</p>	<p>Texas Women's Health Waiver <i>Women, ages 18-44, with a family incomes up to 185% FPL who are not otherwise eligible for Medicaid, Medicare or CHIP and do not have any other health insurance coverage</i> Coverage of family planning services (Expires December 2012, renewal pending)</p>
1915(b) Waiver	
<p>Texas NorthStar Behavioral Health <i>Eligible residents of Dallas, Ellis, Collin, Hunt, Navarro, Rockwall, and Kaufman counties</i> Substance abuse treatment and mental health services such as, inpatient and outpatient hospital services, psychiatric physician care, and community mental health services</p>	
1915(c) Waivers	
<p>Texas Medically Dependent Children Program <i>Medically fragile individuals ages 0 - 20</i> Provides respite, adaptive aids, adjunct support, financial management services, minor home modifications, transition assistance</p>	<p>Texas Deaf Blind with Multiple Disabilities <i>All individuals with developmental disabilities</i> Provides case management, day habilitation, residential habilitation, respite, supported employment, prescription medications, financial management services, support consultation, adaptive aids, assisted living, behavioral support, chore, dental treatment, employment assistance, intervener, minor home mods, nursing, orientation and mobility, specialized therapies, transition assistance</p>
<p>Texas Community Based Alternatives <i>Aged individuals 65 years and older and persons who are disabled ages 21-64</i> Provides personal assistance, respite, physical therapy, occupational therapy, prescribed drugs, speech/hearing/language therapy, financial management services, adaptive aids and medical supplies, adult foster care, assisted living, dental, emergency response system, home delivered meals, minor home mods, nursing, transition assistance</p>	<p>Texas HCBS Program <i>Individuals with mental retardation and developmental disabilities</i> Provides case management, day habilitation, respite, supported employment, prescription, financial management services, support consultation, adaptive aids, dental treatment, minor home mods, residential assistance (foster/companion care, supervised living, residential support), skilled nursing, specialized therapies (speech and language pathology, audiology, occupational therapy, physical therapy, dietary, behavioral supports, social work), home living</p>
<p>Community Living Assistance & Support Services <i>All individuals with developmental disabilities</i> Provides adult day health, case management, prevocational, residential habilitation, respite, supported employment, adaptive aids/medical supplies, dental, occupational therapy, physical therapy, prescriptions, skilled nursing, speech/hearing/language, financial management services, support consultation, behavioral support, continued family services, minor home mods, specialized therapies, support family services, transition assistance</p>	<p>Texas Healthcare Transformation and Quality Improvement Program <i>All individuals eligible under the title XIX State plan are enrolled in the Demonstration, except the following:</i></p> <ul style="list-style-type: none"> • Individual's whose only coverage consists of payment for Medicare premiums; • Medically Needy; • IV-E eligible adoption assistance individuals, STAR Health enrollees, transitioning foster care youth, non-IV-E Foster Care and State subsidized adoption children, independent foster care adolescents, and optional categorically needy children eligible under 42 CFR 435.222; • Women in the Breast and Cervical Cancer Program • Residents in Intermediate Care Facilities for Persons with Mental Retardation (ICF/MRs) • Undocumented or Ineligible (5-year bar) Aliens only eligible for emergency medical services • Persons who have resided in a nursing facility for more than four months <p>Expands existing Medicaid managed care programs (STAR and STAR+PLUS) statewide, uses savings from the expansion of managed care and the discontinuation of current supplemental provider payments to finance new funding pools to assist hospitals and other providers with uncompensated care costs and to promote health system transformation in preparation for new coverage demands beginning in 2014 (Expired 2011, renewal through 2016 currently pending)</p>
<p>Texas Star+Plus <i>Aged individuals 65 and older and persons who are physically disabled ages 21-64</i> Provides personal assistance, respite, financial management services, support consultation, adaptive aids and medical supplies, adult foster care, assisted living, dental, emergency response services, home delivered meals, minor home mods, nursing, occupational therapy, physical therapy, speech/hearing/language therapy, transition assistance</p>	

TEXAS

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenter/;MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ Texas Medicaid Office (no date). "State Plan Attachments." Available from: <http://www.hhsc.state.tx.us/medicaid/StatePlanDocs/BasicStatePlanAttachments.pdf>.
- ¹⁰ Kaiser Family Foundation. (2008). "Benefits by States: Texas (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=44&yr=4&cat=0&nt=on>
- ¹¹ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹² Personal communication with Texas Health and Human Services Commission Staff (2008).
- ¹³ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁴ The waivers reflected in this table are those that were in existence in 2008.

VERMONT



	Vermont, 2008	United States, 2008
Population¹	621,270	304,059,724
Medicaid Enrollment²	124,501	43,601,565
CHIP Enrollment³	3,215	4,835,639
% of Pop. on Medicaid	20.04%	14.34%
% of Pop. on CHIP	.52%	1.59%
Medicaid FMAP⁴	59.03%	50% - 76.29%
CHIP FMAP⁵	71.32%	65% - 83.40%
% Managed Care⁶	91.04%	70.91%

This State profile provides background information about Vermont’s Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The Vermont Department of Health Access administers the Vermont Medicaid and CHIP programs. The Vermont CHIP program, Dr. Dynasaur, is a standalone program that operates independent of the Vermont Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Vermont covers. Vermont covers all of the listed optional eligibility groups.⁸

TABLE 1: VERMONT’S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
√	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
√	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
√	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
√	Aged, blind, or disabled recipients of state supplementary income payment
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state’s eligibility level

VERMONT

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Vermont. Vermont covers 16 of the commonly covered optional services.⁹

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹⁰ In Vermont, most claims are processed through the State’s MMIS, with the exception of health insurance premium payments (HIPP).¹¹

TABLE 2: VERMONT'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
√	Prosthetic devices
	Dentures
	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
	Optometrists' services and eyeglasses
	Personal care services
	Physical therapy
√	Podiatrist services
√	Prescribed drugs
√	Private duty nurses
	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

VERMONT

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Vermont operates 2 waivers under its Medicaid program, but operated 3 waivers in 2008 as shown in Table 3.¹³

TABLE 3: POPULATIONS AND SERVICES COVERED IN VERMONT'S MEDICAID WAIVERS, 2008¹²

1115 Waivers

Vermont Choices for Care

Individuals with physical disabilities ages 18 and older and adults at risk of receiving nursing facility services aged 65 and older

Provides a person-centered assessment and options counseling process to identify what services would be needed to enable individuals to remain in their own homes

Vermont Global Commitment to Health

Children and parents with incomes too high for Medicaid, and working age adults without children.

Provides coverage for all Medicaid services, certain Medicare beneficiaries can receive help to pay for prescriptions, eye exams, or eyeglasses

Vermont Long -Term Care Plan

Individuals with home and community based services

Implements system changes that will decrease nursing facility use and increase the number of individuals using community-based services (Expired 2010)

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparamtable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from: <http://www.statehealthfacts.org/comparamtable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health/fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health/fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenters/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ Kaiser Family Foundation. (2008). "Benefits by States: Vermont (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=46&yr=4&cat=0&nt=on>
- ¹⁰ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹¹ Personal communication with Vermont Department of Health Access Staff (2008).
- ¹² The waivers reflected in this table are those that were in existence in 2008.
- ¹³ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>

VIRGINIA



	Virginia, 2008	United States, 2008
Population ¹	7,769,089	304,059,724
Medicaid Enrollment ²	665,848	43,601,565
CHIP Enrollment ³	90,907	4,835,639
% of Pop. on Medicaid	8.57%	14.34%
% of Pop. on CHIP	1.17%	1.59%
Medicaid FMAP ⁴	50.00%	50% - 76.29%
CHIP FMAP ⁵	65.00%	65% - 83.40%
% Managed Care ⁶	62.68%	70.91%

This State profile provides background information about Virginia’s Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The Virginia Department of Medical Assistance Services administers the Virginia Medicaid and CHIP programs. The Virginia CHIP program is called Family Access to Medical Insurance Security (FAMIS), and is a combination program that operates through Virginia’s Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Virginia covers. Virginia covers 6 optional eligibility groups.^{9, 10}

TABLE 1: VIRGINIA’S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
√	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
√	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
√	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state’s eligibility level

VIRGINIA

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Virginia. Virginia covers 15 of the commonly covered optional services.¹¹

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹² In Virginia, most claims are processed through the State's MMIS, with the exception of dental claims.¹³

TABLE 2: VIRGINIA'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
	Chiropractic services
√	Clinic services
√	Prosthetic devices
	Dentures
	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
	Optometrists' services and eyeglasses
	Personal care services
	Physical therapy
√	Podiatrist services
√	Prescribed drugs
	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

VIRGINIA

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Virginia operates 5 waivers under its Medicaid program, but in 2008 was operating 8 waivers as shown in Table 3.¹⁵

TABLE 3: POPULATIONS AND SERVICES COVERED IN VIRGINIA'S MEDICAID WAIVERS, 2008¹⁴

1115 Waiver

The Virginia Family Planning Expansion

Individuals of childbearing age, with a family income at or below 133% FPL, who are not otherwise eligible for Medicaid, CHIP, or the State's Health Insurance Flexibility and Accountability Demonstration, and do not have any other health insurance coverage

Provided coverage for family planning services (Expired 2010)

Virginia FAMIS Moms and FAMIS Select

Pregnant women with incomes above 133% FPL up to 200% FPL, children eligible for CHIP

Provides full Medicaid coverage and provides premium assistance for children

1915(c) Waivers

Virginia Elderly or Disabled with Consumer Direction

Individuals aged 65 and older

Provided adult day health care, personal assistance, respite care, consumer directed services facilitation, assistive technology, environmental mods, personal emergency Response service, transition coordination, transition (Expired June 2012)

Virginia HIV/AIDS

Individuals with HIV/AIDS

Provided case management, personal assistance, respite care, enteral nutrition, consumer directed services facilitation, assistive technology, environmental mods, personal emergency response service, private duty nursing, transition (Expired June 2012)

Virginia Alzheimer's Assisted Living

Individuals aged 65 and older and persons with disabilities ages 18-64

Provides assisted living services

Virginia Technology Assisted

Individuals aged 65 and older, and persons with disabilities ages 0-64

Provides personal care, respite, assistive technology, environmental mods, personal emergency response service, private duty nursing, transition

Virginia Day Support HCBW for Persons with Mental Retardation

Individuals with mental retardation ages 6 and older

Provides day support, prevocational, supported employment, consumer directed services facilitation

Virginia Individual and Family Developmental Disabilities Support

Individuals with mental retardation/ developmental disabilities, and autism ages 6 and older

Provides day support, in-home residential, personal care, prevocational, respite care, supported employment - group/individual, services facilitation, adult companion, assistive technology, crisis stabilization, crisis supervision, environmental mods, family/caregiver training, personal emergency response service, skilled/private duty nursing, therapeutic consultation, transition

¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from:

http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html

² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from:

<http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>

³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from:

<http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>

⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from:

<http://aspe.hhs.gov/health/fmap08.htm>

⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from:

<http://aspe.hhs.gov/health/fmap08.htm>

⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from:

<http://communityplans.net/ResourceCenters/ManagedCareData/tabid/361/Default.aspx>

⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.

⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.

⁹ Virginia Department of Medical Assistance Services. (2012). "Medicaid and FAMIS Plus Handbook." Available from:

http://www.dmas.virginia.gov/Content_atchs/atchs/medbook-eng.pdf

¹⁰ Centers for Medicare & Medicaid Services. (no date). "Medicaid State Plan Amendments." Available from: <http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Plan-Amendments/Medicaid-State-Plan-Amendments.html>

¹¹ Kaiser Family Foundation. (2008). "Benefits by States: Virginia (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=1&yr=4&cat=0&nt=on>

¹² Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>

¹³ Personal communication with Virginia Department of Medical Assistance Services Staff (2008).

¹⁴ The waivers reflected in this table are those that were in existence in 2008.

¹⁵ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>

WASHINGTON



	Washington, 2008	United States, 2008
Population ¹	6,549,224	304,059,724
Medicaid Enrollment ²	888,254	43,601,565
CHIP Enrollment ³	20,953	4,835,639
% of Pop. on Medicaid	13.56%	14.34%
% of Pop. on CHIP	0.32%	1.59%
Medicaid FMAP ⁴	51.52%	50% - 76.29%
CHIP FMAP ⁵	66.06%	65% - 83.40%
% Managed Care ⁶	89.33%	70.91%

This State profile provides background information about Washington's Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁹

The Washington State Health Care Authority administers the Washington Medicaid and CHIP programs. The Washington CHIP program, Washington Apple Health for Kids, is a standalone program that operates independent of Washington's Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Washington covers. Washington covers all of the listed optional eligibility groups.¹⁰

TABLE 1: WASHINGTON'S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
√	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
√	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirement
√	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waiver
√	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
√	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work ⁸
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

WASHINGTON

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Washington. Washington covers 21 of the commonly covered optional services.¹¹

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹² In Washington, the following payments are processed outside the State's MMIS: Program of All-Inclusive Care for the Elderly (PACE), Community Mental Health waiver, stop-loss hemophilia drugs, A19 claims, non-emergency transportation (NET), payments to the Division of Developmental Disabilities, and most long term care payments.¹³

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Washington currently operates 4 waivers under its Medicaid program, but operated 7 in 2008 as shown in Table 3.¹⁴

TABLE 2: WASHINGTON'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
√	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
√	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
√	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

WASHINGTON

TABLE 3: POPULATIONS AND SERVICES COVERED IN WASHINGTON'S MEDICAID WAIVERS, 2008¹⁵

1115 Waiver

Washington Takes Charge

Women and men of childbearing age, with a family income at or below 200% FPL, who are not otherwise eligible for Medicaid, Medicare or CHIP, and do not have any other health insurance coverage

Provides coverage for family planning and family planning related services (Expired 2011)

1915(b) Waiver

Washington Mental Health

Medicaid and CHIP enrollees, and individuals with serious and persistent mental illness¹⁶

Program provides comprehensive coordination of mental health services through a county-based managed care system (Expired September 2012)

1915(c) Waivers

Washington Medically Needy In-Home

Individuals aged 65 and older and individuals with disabilities ages 18-64

Provides home health aide, personal care, adult day care, caregiver/recipient training, community transition, environmental accessibility adaptation, home delivered meals, in home nurse delegation, personal emergency response, skilled nursing, specialized medical equipment and supplies, transportation (Expired May 2012)

Washington Medically Needy Residential Waiver (MNRW)

Individuals 65 and older and persons with physical disabilities ages 18-64

Provides adult family home, assisted living, caregiver/recipient training, community transition services, enhanced adult residential care, nurse delegation, skilled nursing, specialized medical equipment and supplies, transportation

Washington Community Options Program Entry System (COPES)

Individuals ages 65 and older and persons with disabilities/physical disabilities ages 18-64

Provides home health aide, personal care, adult day care, caregiver/recipient training services, community transition, environmental accessibility adaptations, home delivered meals, managed care option-capitated, nurse delegation, personal emergency response, skilled nursing, specialized medical equipment and supplies, transportation

Washington Basic Waiver

Individuals with developmental disabilities and who live with their families or in their own home

Provides personal care, respite, habilitation (day and supported employment), environ mods., transportation, specialized medical equipment and supplies, physical therapy, occupational therapy, community access, community guide, person to person, behavior management, family training and emergency assistance

Washington New Freedom

Individuals ages 65 and older and persons with physical disabilities ages 18-64

Provides personal assistance services, environmental and vehicle mods, individual directed goods/services and supports, training and educational supports, treatment and health maintenance

WASHINGTON

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ Washington's Medicaid program provides coverage for working-and-disabled persons ages 16-64 up to 220% FPL.
- ⁹ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ¹⁰ Washington State Health Care Authority Medicaid Program. (2011). "Medicaid (Title XIX) State Plan." Available from: <http://hrsa.dshs.wa.gov/medicaidsp/>
- ¹¹ Kaiser Family Foundation. (2008). "Benefits by States: Washington (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=1&yr=4&cat=0&nt=on>
- ¹² Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹³ Personal communication with Washington State Health Care Authority Staff (2008).
- ¹⁴ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹⁵ The waivers reflected in this table are those that were in existence in 2008.
- ¹⁶ Washington State Department of Social and Health Services. (2006.) "Proposal for Section 1915(b) Capitated Waiver Program Waiver Renewal." Available from: http://www.dshs.wa.gov/pdf/dbhr/mh/WaiverRenewal2006_2008_Approved.pdf

WEST VIRGINIA



	West Virginia, 2008	United States, 2008
Population ¹	1,814,468	304,059,724
Medicaid Enrollment ²	307,443	43,601,565
CHIP Enrollment ³	24,418	4,835,639
% of Pop. on Medicaid	16.94%	14.34%
% of Pop. on CHIP	1.35%	1.59%
Medicaid FMAP ⁴	74.25%	50% - 76.29%
CHIP FMAP ⁵	81.98%	65% - 83.40%
% Managed Care ⁶	44.59%	70.91%

This State profile provides background information about West Virginia's Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁸

The West Virginia Bureau of Medical Services administers the West Virginia Medicaid and CHIP programs. The West Virginia CHIP program, WVCHIP, is a standalone program that operates independently of West Virginia's Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these West Virginia covers. West Virginia covers 5 optional eligibility groups.⁹

TABLE 1: WEST VIRGINIA'S OPTIONAL ELIGIBILITY GROUPS, 2008⁷

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
√	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirements
	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
√	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waivers
√	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
√	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

WEST VIRGINIA

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in West Virginia. West Virginia covers 19 of the commonly covered optional services.¹⁰

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of DHHS has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹¹ In West Virginia, claims are processed through the State's MMIS.¹

TABLE 2: WEST VIRGINIA'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
√	Chiropractic services
√	Clinic services
√	Prosthetic devices
	Dentures
√	Occupational therapy
√	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
√	Personal care services
√	Physical therapy
√	Podiatrist services
√	Prescribed drugs
	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

WEST VIRGINIA

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services (HHS) to waive federal requirements to allow States expand the populations and/or services covered by their State programs. West Virginia currently operates 1 waiver under its Medicaid program, but operated 2 in 2008 as shown in Table 3.¹⁴

- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ The optional eligibility groups reflected in this table are those that were covered by the State's Medicaid program in 2008.
- ⁸ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁹ West Virginia Department of Health and Human Resources. (2012). "WV State Medicaid Plan." Available from: <http://www.dhhr.wv.gov/bms/smp/Pages/WVMedicaidStatePlan.aspx>
- ¹⁰ Kaiser Family Foundation. (2008). "Benefits by States: West Virginia (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=1&yr=4&cat=0&nt=on>
- ¹¹ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹² Personal communication with West Virginia Bureau of Medical Services Staff (2008).
- ¹³ The waivers reflected in this table are those that were in existence in 2008.
- ¹⁴ Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>

TABLE 3: POPULATIONS AND SERVICES COVERED IN WEST VIRGINIA'S MEDICAID WAIVERS, 2008¹³

1915(c) Waivers

West Virginia Aged & Disabled

Individuals ages 65 and older and persons with physical disabilities individuals ages 18-64
Provides case management, participant-directed goods and services, personal assistance/homemaker (Expired 2010)

West Virginia Mental Retardation/Developmental Disabilities

Individuals with mental retardation/developmental disabilities ages 0 and older
Provides facility based day habilitative, participant-centered support, respite, service coordination, supported employment, financial management services participant directed, crisis services, dietary therapy, electronic monitoring/surveillance system and on-site response, environmental accessibility adaptations-home, environmental accessibility adaptations-vehicle, goods and services-participant-directed, occupational therapy, physical therapy, positive behavioral support professional, skilled nursing-nursing services by a LPN, skilled nursing-nursing services by a LRN, speech therapy, therapeutic consultant, transportation management, family training and emergency assistance

WYOMING



	Wyoming, 2008	United States, 2008
Population ¹	4,661,900	304,059,724
Medicaid Enrollment ²	55,631	43,601,565
CHIP Enrollment ³	6,039	4,835,639
% of Pop. on Medicaid	10.44%	14.34%
% of Pop. on CHIP	1.13%	1.59%
Medicaid FMAP ⁴	50.00%	50% - 76.29%
CHIP FMAP ⁵	65.00%	65% - 83.40%
% Managed Care ⁶	0.00%	70.91%

This State profile provides background information about Wyoming's Medicaid program to improve the interpretation and use of the Chronic Condition Data Warehouse (CCW) Medicaid data. The State profile presents data from 2008, where possible, to supplement the 2008 CCW Medicaid data.⁷

The Wyoming Department of Health administers the Wyoming Medicaid and CHIP programs. Wyoming's CHIP program, Kid Care CHIP, is a standalone program that operates independent of Wyoming's Medicaid program.

MEDICAID ELIGIBILITY, ENROLLMENT, AND SERVICES COVERED

Eligibility & Enrollment

In addition to mandatory Federal Medicaid eligibility groups, States have the authority to cover optional groups under their Medicaid and CHIP programs. Table 1 lists some of the most commonly covered optional eligibility groups and indicates which of these Wyoming covers. Wyoming covers 3 optional eligibility groups.⁸

TABLE 1: WYOMING'S OPTIONAL ELIGIBILITY GROUPS, 2008

COVERED (√)	COMMON OPTIONAL ELIGIBILITY GROUPS
	Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is no more than 185 percent of the federal poverty level (FPL)
	Children under age 21 who meet criteria more liberal than the AFDC income and resources requirement
√	Institutionalized individuals, and individuals in home and community-based waiver (HCBS) programs, who are eligible under a "special income level", up to 300 percent of the SSI benefit rate
	Individuals who would be eligible if institutionalized, but who are receiving care under HCBS waiver
	Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the FPL
	Aged, blind, or disabled recipients of state supplementary income payments
√	Certain working-and-disabled persons with family income less than 250 percent of the FPL who would qualify for SSI if they did not work
√	Certain uninsured or low-income women who are screened for breast or cervical cancer
	"Medically needy" persons would be eligible for Medicaid under one of the mandatory or optional groups, except their income and/or resources are above the state's eligibility level

WYOMING

Services Covered

States have the authority to cover optional services for their Medicaid and CHIP beneficiaries in addition to those mandated in the Social Security Act. Table 2 lists some of the optional services frequently covered by state Medicaid programs and indicates which of these are covered in Wyoming. Wyoming covers 17 of the commonly covered optional services.⁹

PAYMENTS OUTSIDE OF MMIS

For Medicaid, claims processing and information retrieval is completed through the Medicaid Management Information System (MMIS) unless the Secretary of Health and Human Services has waived this requirement. MMIS is designed to promote program control, administrative cost control, service oversight, claims control, and management reporting.¹⁰ In Wyoming, claims are processed through the state's MMIS as of 2011.¹¹

WAIVERS

While Medicaid law provides States with flexibility in program design, States can also apply for waivers through the Centers for Medicare & Medicaid Services. Waivers authorize the Secretary of Health and Human Services to waive federal requirements to allow States expand the populations and/or services covered by their State programs. Wyoming currently operates 6 waivers under its Medicaid program, but operated 7 waivers in 2008 as shown in Table 3.¹²

TABLE 2: WYOMING'S OPTIONAL SERVICES, 2008

COVERED (√)	COMMON OPTIONAL SERVICES
√	Case management services
	Chiropractic services
√	Clinic services
√	Prosthetic devices
√	Dentures
√	Occupational therapy
	Diagnostic, screening, and preventative services
√	Hospice care
√	Dental services for adults
√	Inpatient psychiatric services for persons under age 21
√	HCBS for individuals with disabilities and chronic medical conditions
√	Optometrists' services and eyeglasses
	Personal care services
√	Physical therapy
	Podiatrist services
√	Prescribed drugs
	Private duty nurses
√	Speech, hearing and language therapy
√	Rehabilitative services
√	Transportation services
√	Services for persons age 65 or older in mental institutions
√	Intermediate care facility services for persons with MR/DD and related conditions

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TABLE 3: POPULATIONS AND SERVICES COVERED IN WYOMING'S MEDICAID WAIVERS, 2008¹³

1115 Waiver

WY Pregnant by Choice*Women, ages of 19-44, with a family income at or below 200% FPL, who are not otherwise eligible for Medicaid or Medicare, and do not have any other health insurance coverage*

Provides coverage for family planning and family planning related services

1915(c) Waivers

Wyoming Assisted Living Facility HCBS*Individuals aged 65 years and older, and persons with physical disabilities between ages of 19-64*

Provides case management, assisted living service level I, assisted living service level II, assisted living service level III

Wyoming Children's Mental Health*Individuals with mental illness ages 18-20 and individuals with serious emotional disturbance ages 4-17*

Provides family care coordination, respite, youth and family training and support

Wyoming Long Term Care (LTC) HCBS*Individuals aged 65 years and older, and persons with physical disabilities between ages 19-64*

Provides adult day care, case management, personal care, respite, family medicine specialist, care coordination, home delivered meals, non-medical transportation, personal emergency response service, installation, emergency response systems, self-help assistant, skilled nursing (Expired 2011)

Wyoming Children with Developmental Disabilities*Individuals with mental retardation/developmental disabilities ages 0 - 20*

Provides case management, community integrated employment, homemaker, personal care, residential habilitative services, respite, special family habilitation home, agency with choice, independent support broker, child habilitative services, companion services, dietician services, environmental mods, individually-directed goods and services, residential habilitative training, skilled nursing, specialized equipment, supported living, unpaid caregiver training and education

Wyoming Adult with Developmental Disabilities*Individuals with developmental disabilities, mental retardation ages 21 and older*

Provides case management, day habilitative services, community integrated employment, homemaker, personal care, prevocational services-phased out year 1, residential habilitative services, respite, supported living, occupational therapy, physical therapy, speech therapy, agency with choice, independent support broker, companion services, dietician services, environmental mods, in home support-phased out year 1, individually-directed goods and services, skilled nursing, specialized equipment for individuals, unpaid caregiver training and education

Wyoming Acquired Brain Injury*Individuals with brain injury between ages 21-64*

Provides case management, community integrated employment, day habilitative services, homemaker, personal care, prevocational services-phased out year 1, residential habilitative services, respite, supported living, supported living, occupational therapy, physical therapy, speech therapy, agency with choice, independent support broker, cognitive retraining, companion services, dietician services, environmental mods, in home support-phased out year 1, individually-directed goods and services, skilled nursing, specialized equipment, unpaid caregiver training and education

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- ¹ United States Census Bureau. (2008). "Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008." Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ² Kaiser Family Foundation. (June 2008). "Monthly Medicaid Enrollment (in thousands)." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=774&cat=4&sub=52&yr=1&typ=1>
- ³ Kaiser Family Foundation. (June 2008). "Monthly CHIP Enrollment ." Available from: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=236&cat=4>
- ⁴ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁵ Assistant Secretary for Planning and Evaluation. (2008). "FY 2008, Federal Financial Participation in State Assistance Expenditures." Available from: <http://aspe.hhs.gov/health.fmap08.htm>
- ⁶ Centers for Medicare & Medicaid Services. (2008) "Medicaid Managed Care Enrollment Report as of June 30, 2008." Available from: <http://communityplans.net/ResourceCenternbsp;/MedicaidManagedCareData/tabid/361/Default.aspx>
- ⁷ 2008 is the most recent complete CCW Medicaid data set at the time of this publication.
- ⁸ Wyoming Department of Health. (2008). "Who is Eligible for Medicaid." Available from: <http://www.health.wyo.gov/healthcarefin/medicaideligibility/WYECWhoseligible.html>
- ⁹ Kaiser Family Foundation. (2008). "Benefits by States: Wyoming (October 2008)." <http://medicaidbenefits.kff.org/state.jsp?st=51&yr=4&cat=0&nt=on>
- ¹⁰ Centers for Medicare & Medicaid Services. (2012). "Medicaid Management Information Systems (MMIS)." Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS/>
- ¹¹ Personal communication with Wyoming Department of Health Staff (2011).
- ¹² Centers for Medicare & Medicaid Services. (no date) "Waivers." Available from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- ¹³ The waivers reflected in this table are those that were in existence in 2008.