



Using Medicaid Dollars to Cover the Uninsured

States Use of Medicaid Dollars to Cover the Uninsured

Updated July 2008

State	Waiver Description
Alaska	<p><u>Section 1115 Waiver</u> - In 2004, Alaska obtained a 5-year demonstration project that provides the State the authority to maintain a 12-month period of un-insurance for SCHIP applicants whose income exceeds 150 percent of Feder Poverty Level (FPL) but does not exceed 175 percent of 2003 FPL.</p>
Arizona	<p><u>HIFA Waiver</u> - In 2001, Arizona obtained a waiver to use title XXI funds to expand coverage to two populations: (1) adults over age 18 without dependent children and with adjusted net family income at or below 100 percent FPL, and (2) individuals with adjusted net family income above 100 percent FPL and at or below 200 percent FPL who are parents of children enrolled in the Arizona Medicaid or SCHIP programs, but who themselves are not eligible for either program.</p>
Arkansas	<p><u>Section 1115 Waiver</u> - In 1997, Arkansas received approval for a Medicaid 1115 waiver for their <u>ARKids B</u> program. The waiver expanded eligibility to currently uninsured children through age 18 with family incomes at or below 200 percent FPL.</p> <p><u>Family Planning 1115 Waiver</u> - In 2002 the Arkansas implemented a Family Planning (FP) waiver which had a three-year extension which extends Medicaid eligibility to include women ages 14 through 44 between 133% and 200% of the Federal Poverty Level (FPL).</p> <p><u>Section 1115 Waiver</u> - Pending approval for a statewide demonstration program that provides up to two prescriptions per month to Arkansas residents aged 65 and over, with incomes at or below 90 percent of the Federal Poverty Level (FPL) and who are receiving Qualified Medicare Beneficiary (QMB) benefits. PENDING</p> <p><u>HIFA Waiver</u> - In 2006, the Arkansas Safety Net Benefit Program was approved to provide coverage to adults employed by participating employers through a public/private partnership. In addition, the State plans to transition the 311,000 people covered by the ConnectCare 1915(b) waiver into the new HIFA demonstration. Furthermore, the demonstration will provide smoking cessation, preventive and wellness services through the Health and Wellness Benefits Program (HWBP).</p>
California	<p><u>HIFA Waiver</u> - In 2002, California received approval from CMS to use its SCHIP allotment to cover parents, relative caretakers, and legal guardians with net incomes at or below 200 percent FPL, who are not eligible for no-cost Medi-Cal.</p> <p><u>Section 1115 Waiver</u> - In 2004, California received approval to provide aged, blind and disabled adults and children with self directed personal care assistance and service delivery options.</p> <p><u>Section 1115 Waiver</u> - Approved in 2005, this waiver derives from an existing 1915 (b) Selective Provider Contracting Program that allows the state to selectively contract with specific hospitals at a per diem rate that is lower than the standard rate in exchange for preferential or exclusive referrals of Medicaid patients to those hospitals. The new waiver will include an expansion in enrollment of uninsured individuals funded by \$180 million directed from the Safety Net Pool allocation.</p>
Colorado	<p><u>HIFA Waiver</u> - In 2002, the state received approval from CMS for a HIFA demonstration to cover adult prenatal coverage under SCHIP. The waiver provides coverage to uninsured pregnant women with incomes between 134 percent and 185 percent FPL who are not otherwise eligible for Medicaid or SCHIP.</p> <p><u>Section 1115 Waiver</u> - In 2004, Colorado received approved to promote self-direction for persons receiving community</p>

	<p>supports.</p> <p><u>Section 1115 Waiver</u> - Proposed in 2002, this waiver would have created the Colorado Family Planning Medicaid Expansion Project which would seek a Medicaid waiver to provide family planning services to persons with incomes at or below 150% of the federal poverty level. WITHDRAWN</p>
Connecticut	<p>Connecticut allows uninsured children in families above 300 percent FPL the opportunity to buy-in to HUSKY B, the state's SCHIP program. The cost of the Husky B buy-in is not subsidized by the state; the family buy-in to the plan at a negotiated group rate.</p> <p><u>Section 1115 Waiver</u> - Submitted in 2001, this project would expand the eligibility of the ConnPACE program to elderly and disabled individuals up to 300% of the federal poverty level (FPL) and convert the ConnPACE program from a solely State-funded program to a pharmacy-only coverage within the Medicaid program. PENDING</p> <p><u>Section 1115 Waiver</u> - Submitted in 2002, under this Demonstration project, the State is seeking a waiver of federal law to change the start date of the penalty for improper transfers of assets from the first day of the month of the transfer to the first day of eligibility for Medicaid LTC services. PENDING</p>
Delaware	<p><u>Section 1115 Waiver</u> - In 1995, Delaware received approval from CMS to implement the Diamond State Health Plan waiver that allowed the state to implement a mandatory Medicaid managed care program statewide and expand eligibility to residents with incomes up to 100 percent FPL.</p> <p><u>Section 1115 Waiver</u> - In 2002, the Delaware Healthy Adult Program was proposed to provide health insurance coverage to an additional 7,075 residents of the State of Delaware with incomes at or below 200% of the Federal poverty level. The increased coverage will be funded by current State and Federal SCHIP allotment shares and required program premiums. DISAPPROVED</p> <p><u>Section 1115 Waiver</u> - In 2002, this demonstration was proposed as a statewide program that would provide a prescription drug benefit to elderly and disabled adults below 200% of the Federal Poverty Level or with prescription expenses exceeding 40% of income. DISAPPROVED</p>
Washington, DC	<p><u>Section 1115 Waiver</u> - In 2002, the District of Columbia received approval from CMS to implement a Medicaid Section 1115 demonstration to provide primary and preventive health care services to non-disabled adults, between the ages of 50 to 64, with incomes at or below 50 percent FPL, who are not custodial parents or resident care takers of children under the age of 19.</p> <p><u>Section 1115 Waiver</u> - Approved by the CMS in 2002, DC was given a waiver to expand Medicaid benefits to HIV positive individuals.</p> <p><u>Section 1115 Waiver</u> - Pending approval, The DC HIFA would provide health insurance coverage to an additional 1,800 residents of the District of Columbia with incomes at or below 200% of the Federal poverty level. PENDING</p>
Florida	<p><u>Florida Family Planning Waiver</u> - In 1998, Florida received approval for its Family Planning waiver. This demonstration extends Medicaid eligibility for family planning and related services in a family planning setting for 24 months to certain childbearing-age women statewide with income at or below 185% of the Federal Poverty Level (FPL) who have received a Medicaid-paid pregnancy-related service in the 2-year period prior to losing Medicaid coverage.</p> <p><u>Florida Medicaid Reform Waiver</u> - In 2005, Florida received approval for its Medicaid Reform waiver. The approved waiver will be submitted to the legislature for authority to implement the program. The waiver does not expand eligibility; however, it makes significant changes to the program.</p> <p><u>Section Waiver 1115</u> - In 2005, Florida received approval to implement the Florida MEDS-AD demonstration which provides coverage for certain aged and disabled individuals with incomes up to 88 percent of the Federal poverty level.</p>
Georgia	<p><u>Section 1115 Waiver</u> - A demonstration to provide health care pharmacy services to individuals with HIV who are under 235% FPL.</p>

Hawaii	<p>Section 1115 Waiver - In 1993, Hawaii received approval to expand Medicaid demonstration. The implementation of the QUEST section 1115 program allowed the state to enroll pregnant women up to 185 percent FPL; all children age 19 with incomes up to 200 percent FPL; and all adults with incomes at or below 100 percent FPL in their QUEST managed care.</p> <p>Section 1115 Waiver - In 2002, this demonstration was proposed as a statewide program that would extend pharmacy services and related medical management interventions to qualified individuals whose income is at or below 300 percent of the Federal Poverty Level (FPL). The demonstration would provide prescription drugs to individuals at the Medicaid price plus a dispensing fee. For each prescription filled by a retail pharmacy, the State will pay \$1.00 for the first year of the program, \$5.00 in the second year, \$7.00 in the third and fourth year and \$8.00 in the fifth year. DISAPPROVED</p>
Idaho	<p>HIFA Waiver - In 2004, the Centers for Medicare and Medicaid Services (CMS) approved Idaho's Health Insurance Flexibility and Accountability (HIFA) waiver to create the Idaho Access Card -a program intended to increase private health insurance affordability for low-income individuals.</p>
Illinois	<p>HIFA waiver - In 2002, Illinois received approval from CMS to increase KidCare (SCHIP) coverage from 185 percent to 200 percent FPL. The waiver also phases in coverage of parents of children eligible for SCHIP up to 185 percent FPL.</p> <p>Section 1115 Waiver- In 2002, CMS approved Illinois' application to provide comprehensive pharmacy benefits, with primary care coordination to low-income seniors.</p> <p>1115 Family Planning Waiver - In 2003, the Illinois Family Planning Expansion Project was approved to extend Medicaid eligibility for family planning services to Medicaid-participating, child-bearing aged women (19-44) who would otherwise lose eligibility. The demonstration provides for a comprehensive set of family planning services and related services and contains provisions to enhance access to primary care services.</p>
Indiana	<p>Section 1115 Waiver - In 2007, Indiana passed the Healthy Indiana Plan (HIP) health care reform. For more information on this reform, please click here.</p> <p>Family Planning 1115 Waiver - Submitted in 2006 and pending approval from CMS, this waiver would provide family planning services for a maximum of 24 months after the expiration of the postpartum eligibility period or the end of the pregnancy as long as the woman's income does not exceed 150% of the federal poverty level. PENDING</p>
Iowa	<p>Section 1115 Waiver - In 2005, the new IowaCare program expands a limited set of Medicaid benefits to all adults (19 - 64), including parents of Medicaid or SCHIP eligible children, using a limited provider network. The program is a capped, non-entitlement and converts uncompensated care funds into insurance coverage for adults.</p> <p>Section 1115 Waiver - In 2006, Iowa received approval for the Iowa Family Planning Demonstration Project that extends Medicaid eligibility for family planning services to Medicaid-participating child-bearing aged women from the age of 13 through 44 with incomes at or below 200 percent of the Federal Poverty Level (FPL).</p>
Louisiana	<p>Section 1115 Waiver - In 2006, Louisiana received approval for the Family Planning Demonstration that extends Medicaid eligibility for family planning services to uninsured women, ages 19 through 44, with family income at or below 200 percent of the Federal Poverty Level (FPL), who are not otherwise eligible for Medicaid, SCHIP, Medicare, or any other creditable health insurance coverage.</p> <p>Section 1115 Waiver - Submitted in 2005, Louisiana requested a waiver to pool its Disproportionate Share Hospital (DSH) allotment and use the funds to increase the availability of health insurance coverage and provide greater access to primary health care services for non-Medicaid individuals with income of less than 200% of the federal poverty level (FPL). WITHDRAWN</p>
Maine	<p>Section 1115 Waiver - In 2000, this demonstration was approved to expand health care access to individuals who are HIV positive and at or below 250% of the federal poverty level (FPL). The Demonstration is designed to provide more effective, early treatment of HIV disease by making available a limited but comprehensive package of services, including anti-retroviral therapies.</p> <p>HIFA Waiver - In 2002, Maine received approval from CMS for a HIFA waiver to expand health insurance coverage to childless adults with incomes at or below 125 percent FPL by redirecting a portion of its disproportionate share hospital allocation to cover this population.</p>

Maryland	<p><u>Section 1115 Waiver</u>- In 2005, the waiver, under the Maryland Primary Adult Care program, allows adults up to 116 percent FPL who are ineligible for Medicaid and Medicare will receive primary care, outpatient mental health, and pharmacy services.</p>
Massachusetts	<p><u>Section 1115 Waiver</u> - In 1995, Massachusetts received approval for the MassHealth Statewide Demonstration Project. The demonstration provides coverage for the uninsured, the unemployed, the working and non-working disabled, low-income workers and their families, individuals with HIV, and women with breast and cervical cancer. The MassHealth demonstration is also designed to stimulate private employers to offer affordable health insurance to their low-income workers. To this end, MassHealth offers insurance payments to small employers who offer health insurance to low-income workers for which the employers pay at least 50% of the premium.</p> <p>Family Planning 1115 Waiver - In 2006, this demonstration would allow Massachusetts to extend Medicaid(MassHealth) eligibility for family planning services to women and men of childbearing age with incomes at or below 200% of the federal poverty level who would not otherwise qualify for MassHealth. NO FURTHER ACTION TAKEN</p>
Michigan	<p><u>HIFA Waiver</u> - In 2004, the state received approval from CMS to expand health insurance coverage to childless adults with incomes at or below 35 percent FPL by utilizing unspent SCHIP funds. The <u>Adults Benefits Waiver</u> program was designed to provide new beneficiaries with a benefits package that is less broad than Michigan's standard Medicaid or SCHIP coverage.</p> <p><u>Section 1115 Waiver</u> - In 2006, Michigan received approval to extends Medicaid eligibility for family planning services to child-bearing aged women from the age of 19 through 44, who are not otherwise eligible for Medicaid, the State's Health Insurance Flexibility and Accountability Demonstration (HIFA) or other coverage that provides family planning services, with incomes at or below 185 percent of the Federal Poverty Level (FPL).</p> <p><u>Section 1115 Waiver</u> - In 2005, Michigan Modernizing Medicaid application was sent for CMS approval. Pending</p> <p><u>Section 1115 Waiver</u> - This waiver, approved in 2005 and named <u>EPIC Ex</u> is a Medicaid 1115 Pharmacy Plus demonstration waiver intended to match federal funds to expand the pharmacy benefits currently offered through the state-funded Elder Prescription Insurance Coverage Program (EPIC) to individuals who may qualify for Medicaid.</p>
Minnesota	<p><u>Health Reform Demonstration</u> - In 1995, Minnesota received approval to implement a Health Reform Demonstration. Through this initiative, the state Medicaid eligibility was expanded on a statewide basis to include children and pregnant women up to 275 percent FPL who were previously covered under the state's MinnesotaCare program.</p> <p><u>Section 1115 Waiver</u> - In 2001, Minnesota received approval from CMS to implement an SCHIP demonstration which allows the state to claim Title XXI funds for parents and relative caretakers of Medicaid and SCHIP eligible children with family incomes up to 200 percent FPL.</p> <p>HIFA Waiver - In 2000 Minnesota proposed a waiver that would provide expanded health insurance coverage to an additional 115,000 residents of the State of Minnesota with incomes at or below 275 percent of the Federal poverty level. INACTIVE</p> <p><u>Family Planning 1115 Waiver</u> Approved in 2004, the Minnesota Family Planning Demonstration increases Medicaid eligibility for family planning services to women and men, between the ages of 15 and 50, with a family income at or below 200 percent FPL who are not otherwise covered under another public or private plan.</p>
Mississippi	<p><u>Section 1115 Waiver</u> - In 2003, Mississippi received a waiver to expand primary care services to women of childbearing age with incomes at or below 185 percent FPL.</p> <p><u>Section 1115 Waiver</u> - In 2004, Mississippi received a waiver to cover a portion of an optional Medicaid eligibility group (called the "Poverty Level Aged and Disabled" group) that was eliminated from the State Plan.</p>
Missouri	<p><u>Section 1115 Waiver</u> - In 1998, Missouri received approval from CMS to implement the <u>Missouri Managed Care Plus (MC+)</u> program. The approved demonstration is a statewide program that provides MC+ to all eligible children and adults up to 300 percent FPL. Under the waiver, children up to 19 with family incomes up to 300 percent are covered. The waiver allowed the state to expand eligibility to parents transitioning off of welfare up to 300 percent of FPL as well as several other specific groups of parents; however, the state only implemented the expansion to parents up to 100</p>

	<p>percent of FPL and subsequently in 2005 reduced the level of eligibility to 75 percent of FPL.</p> <p><u>Family Planning 1115 Waiver</u> - In 2007 Missouri received approval from CMS to expand coverage to uninsured women who lose their Medicaid coverage 60 days after the birth of their child. These women would then be eligible for another year of coverage.</p>
Montana	<p><u>Section 1115 Waiver</u> - In 2004, CMS approved a Medicaid Section 1115 waiver that would allow Montana to provide a limited Medicaid benefit package of optional services for Medicaid eligible parents aged 21 - 64 who are not pregnant or disabled.</p>
Nevada	<p><u>HIFA Waiver</u> - In 2006, Nevada received approval to cover pregnant women with family incomes above 133 percent of the Federal Poverty level (FPL) up to and including 185 percent of the FPL through direct coverage and parents, caretaker relatives, and legal guardians of Medicaid or SCHIP eligible children with family income below 200 percent of the FPL through employer.</p>
New Hampshire	<p>1915(b) waiver - in 2007, The State of New Hampshire received approval for the GraniteCare Select program. This waiver authority will allow GraniteCare to conduct competitive bidding for select non-emergency services. The objective is to use the competitive bidding process to achieve competitive payment rates and serve Medicaid recipients within designated services areas in each selected service category while ensuring quality of care. This waiver will allow New Hampshire to provide a distinct process for procuring select non-emergency elective services, including ambulatory surgery, diagnostic radiology, inpatient rehabilitation and orthodontia. New Hampshire plans to phase in implementation of the GraniteCare Select program starting with ambulatory surgery and radiology in the fall of 2007 followed by inpatient rehabilitation and orthodontia in early 2008.</p>
New Jersey	<p><u>Section 1115 Waiver</u> - In 2001, the state received approval from CMS to implement a waiver demonstration that extends coverage to parents of Medicaid or SCHIP eligible children with incomes up to 200 percent FPL and pregnant women with incomes between 185 percent and 200 percent FPL. Under this waiver, Medicaid covers parents with incomes up to 133 percent FPL and SCHIP covers parents between 134 percent and 200 percent FPL.</p> <p><u>HIFA Demonstration Waiver</u> - In 2003, New Jersey received approval from CMS to modify the SCHIP 1115 waiver. The waiver modification standardized coverage to uninsured parents and relative caretakers of children in the Medicaid and SCHIP programs whose incomes are at or below 133 percent FPL to that of the parents between 134 percent and 200 percent FPL, which was a standard commercial benefit package.</p>
New Mexico	<p><u>1115 Section Waiver</u> - In 1997 and renewed in 2003, New Mexico received approval to continue their Family Planning expansion.</p> <p><u>Section 1115 Waiver</u> - In 1999, New Mexico was approved to implement its title XXI Medicaid expansion to cover children through age 18 in families with income from 185 percent up to 235 percent of the Federal Poverty Level (FPL). New Mexico operates its Title XXI State Children's Health Insurance Program (SCHIP) Medicaid expansion through this demonstration. This demonstration permits the state to implement co-payment requirements and a 6-month waiting period for the demonstration population.</p> <p><u>HIFA Waiver</u> - In 2002, New Mexico was approved to cover uninsured parents of Medicaid and SCHIP children, as well as childless adults, in a partnership with employers in the State. Those eligible for coverage will include uninsured parents of Medicaid and SCHIP children, who are themselves ineligible for Medicaid under the State's current rules, with incomes up to 200 percent of the Federal poverty level (\$36,200 for a family of four). Adults without dependent children, who are otherwise ineligible for Medicaid, will also be eligible with incomes up to 200 percent of FPL. The State will use unspent SCHIP funds to pay for the coverage expansion.</p>
New York	<p><u>Section 1115 Waiver</u> - In 2006, the federal government and the State of New York will partner to restructure New York's health care system. Under F-SHRP, the State will invest up to \$1.5 billion (up to \$300 million per year) in agreed upon reform initiatives. The primary focus of these initiatives will be to right size and restructure the acute and long-term care delivery systems, expand the use of e-prescribing, foster the implementation of electronic medical records and regional health information organizations and expand ambulatory and primary care services.</p> <p><u>Section 1115 Waiver</u> - Originally approved in 1996, New York's section 1115 Medicaid demonstration, the Partnership Plan, was re-approved in 2006 and extended for three more years. The demonstration moved approximately 2 million</p>

	<p>Medicaid beneficiaries from a primarily fee-for-service delivery system to a mandatory managed care environment. In 2001, the Family Health Plus (FHPlus) amendment was approved. FHPlus expanded health insurance to childless adults to 100 percent FPL, and expanded coverage to parents to 150 percent FPL. Prior to 2001, these populations were covered in the state's Safety Net program. FHPlus is delivered via managed care organizations and has a smaller benefit package versus traditional Medicaid. A Family Planning waiver was also amended in 2003 under the Partnership Plan and expanded family planning services to individuals with net incomes at or below 200 percent FPL.</p>
North Carolina	<p><u>Section 1115 Waiver</u> - In 2004, North Carolina extended eligibility for family planning services to women and men of childbearing age with incomes at or below 185% of the federal poverty level who would not otherwise qualify for Medicaid. Women and men who are served through this program will be able to access all family planning services offered through the North Carolina Division of Medical Assistance.</p>
Oklahoma	<p><u>Section 1115 Waiver</u> - In 2004, Oklahoma extended eligibility for family planning services to women and men 19 yrs and above with incomes at or below 185% of the federal poverty level who would not otherwise qualify for Medicaid. Women and men who are served through this program will be able to access all family planning services offered through the North Carolina Division of Medical Assistance.</p> <p><u>Section 1115 Waiver</u> - In 2006, CMS approved a three year extension of the Oklahoma SoonerCare Program. The SoonerCare demonstration operates under a Primary Care Case Management model in which the Oklahoma Health Care Authority contracts directly with primary care providers throughout the State to provide basic health care services. Eligibility includes TANF related children and adults, and non-Medicare Aged, Blind and Disabled. In 2005 the State expanded eligibility to Low Income Non-Disabled Workers and Spouses, Working Disabled and TEFRA Children. This waiver extends coverage an additional 50,000 residents of the State of Oklahoma with incomes at or below 185 percent FPL in the Oklahoma Employer/Employee Partnership for Insurance Coverage (O-EPIC).</p>
Oregon	<p><u>Section 1115 Waiver</u> - Oregon initially received approval from CMS to implement a waiver demonstration for the Oregon Health Plan (OHP) in 1993. At that time, the state expanded coverage to most Oregonians below 100 percent FPL and to children and pregnant women up to 170 percent FPL.</p> <p><u>Section 1115 Waiver</u> - In 1999, Oregon was approved to extend Medicaid coverage for family planning services to women and men with a family income between 100 and 185 percent of FPL and teens based on their own income up to 185 percent of FPL.</p> <p><u>HIFA Waiver</u> - In 2002, the state applied for both an 1115 and HIFA waiver to amend and expand the state's existing 1115 waiver to expand coverage to individuals with incomes below 185 percent. The effort separated the Medicaid program into two benefit packages.</p>
Pennsylvania	<p><u>Family Planning 1115 Waiver</u> - In 2007, The Pennsylvania Family Planning Project was approved to extend eligibility for family planning services to uninsured women, ages 18 to 44 with countable income at or below 185 percent of the Federal poverty level who are not otherwise eligible for Medicaid, the State Children's Health Insurance Program, or Medicare.</p>
Rhode Island	<p>SCHIP State Plan - Beginning in 1997, the SCHIP State Plan covered children ages 8 -18 up to 250 percent FPL as a Medicaid expansion. In November 2002, Rhode Island received approval of an amendment to cover unborn children up to 250 percent FPL under a separate child health program.</p> <p><u>Section 1115 Medicaid Waiver</u> - Re-approved in 2005 and extended for three years, the state implemented the Rhode Island RiTe Care demonstration, which provides families on the Family Independence Program and eligible uninsured pregnant women, parents, and children up to age 19 with comprehensive health coverage. The demonstration expanded coverage to children ages 1-6 between 133 and 250 percent FPL, infants ages 0-1 between 185 and 250 percent FPL, children 6-18 between 110 and 250 percent FPL, parents up to 185 percent FPL, and pregnant women between 185 and 250 percent FPL.</p> <p><u>Section 1115 SCHIP Demonstration</u> - Renewed in 2005, the state received approval to implement a demonstration that would allow the state to claim Title XXI funding for parents of Medicaid or SCHIP-eligible children with incomes between 100 percent and 185 percent FPL and pregnant women with incomes between 185 percent and 250 percent FPL.</p>

	<p><u>Section 1115 Waiver</u> - Submitted in 2002, this demonstration is a statewide program that would extend pharmacy services and related medical management interventions to certain low-income adults with disabilities and seniors with incomes at or below 200 percent of the Federal Poverty Level (FPL). The current state-only programs Rhode Island Pharmacy Assistance Program for the Elderly (RIPAE), General Public Assistance Program (GPA), and Community Medical Assistance Program (CMAP) will be partially subsumed by the demonstration. The RIX+ demonstration proposed to cover not more than 40,000 enrollees. PENDING</p>
<p>South Carolina</p>	<p><u>Section 1115 Waiver</u> - In 2002, this demonstration was approved as a statewide program that provides the prescription drug benefit to eligible South Carolina seniors aged 65 and over, with incomes at or below 200 percent of the Federal Poverty Level (FPL).</p> <p><u>Family Planning 1115 Waiver</u> - Re-approved for a three year extension in 2005, South Carolina's Family Planning waiver provides medically necessary services and supplies related to birth control, pregnancy prevention and preventive services to all women with incomes at or below 185% of the Federal Poverty Level (FPL) who would not otherwise qualify for Medicaid or any other coverage that includes family planning services.</p> <p><u>Section 1115 Waiver</u> - Submitted in 2005, this waiver would expand Medicaid eligibility to two different groups. As specified in the South Carolina Healthy Connections proposal, the first group is comprised of other uninsured family members that are enrolled in employer group plans as part of "family" coverage, but are otherwise ineligible for Medicaid on their own. The second groups is those recipients that lose eligibility due to change in circumstances but have a balance in their PHA represent a second expansion group. These individuals would remain eligible for medical services for a period of 12 months or until the PHA funds are exhausted, whichever occurs first. PENDING</p>
<p>Tennessee</p>	<p><u>Section 1115 Waiver</u> - In 2002, TennCare began as an ambitious statewide program to provide health care benefits to Medicaid beneficiaries, uninsured State residents with income below specified limits, and uninsured residents at any income level if they had medical conditions that made them uninsurable. The scope of the program will change, however, as the State was granted a waiver amendment approval on March 24, 2005 to disenroll 323,000 individuals in optional and expansions groups. Medicaid enrollees who are also enrolled in Medicare are not included in this demonstration. All enrollees are served in managed care organizations (MCOs), but currently the State has only non-risk contracts with the MCOs.</p>
<p>Texas</p>	<p><u>Family Planning 1115 Waiver</u> - In 2006, The Texas Family Planning Demonstration was approved to extend Medicaid eligibility for family planning services to uninsured women, ages 18 through 44, with family income at or below 185 percent of the Federal Poverty Level (FPL), who are not otherwise eligible for Medicaid, SCHIP, or Medicare.</p> <p><u>Section 1115 Waiver</u> - In 2007, Texas was approved to implement the SCHIP Cost Share 1115 waiver which sets the cost-sharing limits for children in families with incomes above 133 percent of the Federal poverty level (FPL) up to and including 150 percent of the FPL. This waiver institutes a \$25 enrollment fee every 6 months upon initial enrollment and re-enrollment.</p> <p>HIFA Waiver - Submitted in 2007, Texas introduced the 3-Share Plan which would will provide health insurance coverage to an additional 3,525 residents of the State of Texas, Galveston County with incomes at/below 200% of the Federal poverty level. PENDING</p>
<p>Utah</p>	<p><u>Section 1115 Waiver</u> -(2002) Utah's Primary Care Network is a statewide section 1115 demonstration to expand Medicaid coverage. The demonstration uses increased flexibility with current state plan eligibles to fund a Medicaid expansion to 25,000 uninsured adults age 19 and older with incomes up to 150 percent of the federal poverty level (FPL). The State's SCHIP program covers children under age 19 with incomes up to 200 percent of the FPL.</p>
<p>Vermont</p>	<p><u>Section 1115 Waiver</u> - In 1995, Vermont received Section 1115 authority to implement the Vermont Health Access Plan (VHAP). After various amendments, VHAP covers parents to 185 percent FPL, children to 300 percent FPL, and childless adults to 150 percent FPL. The VHAP population is now part of the "Global Commitment to Health" Section 1115 waiver approved in September 2005.</p> <p><u>Section 1115 Waiver</u> - In September of 2005, the Centers for Medicare & Medicaid Services (CMS) approved Vermont's new Section 1115 waiver, the Global Commitment to Health. Vermont will manage its Medicaid program within a five-</p>

	<p>year, \$4.7 billion budget and the state will be financially at risk to keep expenditures below this target.</p> <p><u>Section 1115 Waiver</u> - In 2005 CMS approved The Vermont Long-Term Care Plan, as is a statewide initiative to rebalance long-term care services through managing nursing facility admissions and increasing community-based options.</p>
Virginia	<p><u>Family Planning 1115 Waiver</u> - In 2002, a Virginia demonstration was approved to reduce State and Federal maternity care expenditures by reducing the number of births resulting from unintended pregnancies. To accomplish this goal, a comprehensive set of family planning and related services will be made available to postpartum women who would otherwise lose eligibility for Medicaid.</p> <p><u>Section 1115 Waiver</u> - In 2005, Virginia was approved to implement the FAMIS MOMS program that expands services to pregnant women from over 133% through 200% of the FPL.</p>
Washington	<p><u>Section 1115 Waiver</u> - In 2004, the Washington Premium Proposal was approved to to impose premiums on categorically needy (CN) optional children with family incomes above 100 percent Federal poverty level (FPL), specifically: CN children under age 1 whose family income exceeds 185 percent FPL; CN children ages 1 through 5 whose family income exceeds 133 percent FPL; and, CN children age 6 through age 18 whose family income exceeds 100 percent FPL.</p> <p><u>Family Planning 1115 Waiver</u> - Approved in 2001, this demonstration is a stand-alone five-year statewide effort with Federal financial assistance to reduce the number of unintended pregnancies in low income populations and the associated costs of maternity and child care by providing comprehensive family planning educational and medical services, intensified in certain areas of the state.</p>
West Virginia	<p><u>Section 1115 Waiver</u> - West Virginia Dental and Vision Waiver PENDING</p>
Wisconsin	<p><u>Section 1115 Waiver</u> - In 1999, Wisconsin was approved to implement the Wisconsin BadgerCare program, a statewide Medicaid expansion that utilized the managed care delivery system to provide health care to both SCHIP and Medicaid beneficiaries while at the same time expanding coverage to new populations. The demonstration extended coverage to children ages 6 - 19 who have family incomes above 100 percent through 200 percent FPL and custodial parents of eligible children with net family incomes through 185 percent FPL. Once a family is eligible, they retain benefits up to 200 percent FPL.</p> <p><u>Family Planning 1115 Waiver</u> - In 2002, Wisconsin was approved to extend Medicaid eligibility for family planning services to women 15-44 years of age whose income is at or below 185% of the Federal Poverty Level (FPL).</p>
Wyoming	<p><u>Family Planning 1115 Waiver</u> - Submitted in 2007, the Pregnant by Choice demonstration would extend availability of family planning services to income-eligible Wyoming women ages 19 - 44 who become eligible for Medicaid due to pregnancy and have received pregnancy-related services. A woman's coverage will continue for one-year increments as long as the eligibility criteria continue to be met. PENDING</p> <p>HIFA Waiver - Submitted in 2007, Wyoming proposed the CHIP 4 Parents program, which would provide health insurance coverage to an additional 3,720 residents of the State of Wyoming, with incomes at or below 200% of the Federal Poverty Level. PENDING</p>

NOTE: NCSL provides links to other Web sites from time to time for information purposes only. Providing these links does not necessarily indicate NCSL's support or endorsement of the site.

© 2009 National Conference of State Legislatures, All Rights Reserved

Denver Office: Tel: 303-364-7700 | Fax: 303-364-7800 | 7700 East First Place | Denver, CO 80230 | [Map](#)

Washington Office: Tel: 202-624-5400 | Fax: 202-737-1069 | 444 North Capitol Street, N.W., Suite 515 | Washington, D.C. 20001