

Table 3: State Adoption of Optional Medicaid and CHIP Coverage for Children, January 2019						
State	Coverage for Dependents of State Employees in CHIP ^{1,2} (Total = 36)	Lawfully-Residing Immigrants Covered without 5-Year Wait ³		Provides Medicaid Coverage to Former Foster Youth up to Age 26 from Other States ⁴	EPSDT for Children Enrolled in Separate CHIP ⁵ (Total =36)	Health Services Initiative ⁶
		Medicaid	CHIP (Total =36)			
Total	18	34	23	11	16	22
Alabama	Y					
Alaska	N/A (M-CHIP)		N/A (M-CHIP)		N/A (M-CHIP)	
Arizona					Y	
Arkansas	Y	Y	Y		Y	
California ^{7,8}	N/A (M-CHIP)	Y	N/A (M-CHIP)	Y	N/A (M-CHIP)	Y
Colorado	Y	Y	Y		Y	
Connecticut	Y	Y	Y			
Delaware ⁹		Y	Y	Y	Y	Y
District of Columbia ⁷	N/A (M-CHIP)	Y	N/A (M-CHIP)		N/A (M-CHIP)	
Florida ¹⁰	Y	Y	Y			Y
Georgia	Y			Y	Y	
Hawaii	N/A (M-CHIP)	Y	N/A (M-CHIP)		N/A (M-CHIP)	
Idaho ¹⁰					Y	Y
Illinois ^{7,11,12}		Y	Y		Y	Y
Indiana ^{8,13}						Y
Iowa ^{8,11}		Y	Y			Y
Kansas	Y				Y	
Kentucky	Y	Y	Y	Y		
Louisiana					Y	
Maine	Y	Y	Y		Y	
Maryland ^{8,14}	N/A (M-CHIP)	Y	N/A (M-CHIP)		N/A (M-CHIP)	Y
Massachusetts ^{7,10,15}		Y	Y	Y		Y
Michigan ^{8,14,16}	N/A (M-CHIP)		N/A (M-CHIP)		N/A (M-CHIP)	Y
Minnesota ¹²	N/A (M-CHIP)	Y	N/A (M-CHIP)		N/A (M-CHIP)	Y
Mississippi	Y					
Missouri ^{10,14,17,18}						Y
Montana	Y	Y	Y			
Nebraska ⁸	N/A (M-CHIP)	Y	N/A (M-CHIP)		N/A (M-CHIP)	Y
Nevada ^{10,17,19}	Y	Y	Y		Y	Y
New Hampshire	N/A (M-CHIP)		N/A (M-CHIP)		N/A (M-CHIP)	
New Jersey ^{8,10,20}		Y	Y		Y	Y
New Mexico	N/A (M-CHIP)	Y	N/A (M-CHIP)	Y	N/A (M-CHIP)	
New York ^{7,8,10,21}		Y	Y			Y
North Carolina	Y	Y	Y			
North Dakota						
Ohio ¹⁴	N/A (M-CHIP)	Y	N/A (M-CHIP)		N/A (M-CHIP)	Y
Oklahoma ²²	N/A (M-CHIP)		N/A (M-CHIP)		N/A (M-CHIP)	Y
Oregon ^{7,8}		Y	Y			Y
Pennsylvania ²³	Y	Y	Y	Y		
Rhode Island	N/A (M-CHIP)	Y	N/A (M-CHIP)		N/A (M-CHIP)	
South Carolina	N/A (M-CHIP)	Y	N/A (M-CHIP)		N/A (M-CHIP)	
South Dakota				Y	Y	
Tennessee	Y					
Texas	Y	Y	Y			
Utah		Y	Y	Y		
Vermont	N/A (M-CHIP)	Y	N/A (M-CHIP)		N/A (M-CHIP)	
Virginia	Y	Y	Y	Y		
Washington ^{7,8}		Y	Y		Y	Y
West Virginia ^{10,24}	Y	Y	Y		Y	Y
Wisconsin ^{8,14}		Y	Y	Y	Y	Y
Wyoming						

SOURCE: Based on a national survey conducted by KFF with the Georgetown University Center for Children and Families, 2019. Table presents rules in effect as of January 1, 2019.

Table 3 Notes

1. This column indicates whether the state has adopted the option to cover otherwise eligible children of state employees in a separate CHIP program. Under the option, states may receive federal funding to extend CHIP eligibility where the state has maintained its contribution levels for health coverage for employees with dependent coverage or where it can demonstrate that the state employees' out-of-pocket health care costs pose a financial hardship for families.
2. N/A (M-CHIP) responses indicate that the state does not provide a separate CHIP program for uninsured children.
3. This column indicates whether the state has adopted the option to provide coverage for immigrant children who have been lawfully residing in the U.S. for less than five years, otherwise known as the Immigrant Children's Health Improvement Act (ICHIA) option.
4. Under the Affordable Care Act (ACA), all states must provide Medicaid coverage to youth up to age 26 who were in foster care in the state as of their 18th birthday and enrolled in Medicaid. This column indicates whether the state also provides Medicaid coverage through a waiver to former foster youth up to age 26 who were enrolled in Medicaid in another state as of their 18th birthday.
5. The column indicates whether states with separate CHIP provide the full array of EPSDT (or Early Periodic Screening Diagnosis and Treatment Services). EPSDT is the pediatric benefit standard in Medicaid. All Medicaid programs, including M-CHIP programs, must provide EPSDT services to all children but separate CHIP programs have more flexibility within federal parameters with regard to CHIP benefits.
6. States may use CHIP funds to support a state-designed health services initiative (HSI) to improve the health of low-income children, as long as overall CHIP administrative costs combined with HSI services do not exceed 10% of total CHIP expenditures. HSIs must directly improve the health of low-income children who are eligible for CHIP and/or Medicaid but may serve children regardless of income.
7. California, the District of Columbia, Illinois, Massachusetts, New York, Oregon, and Washington cover income-eligible children who are not otherwise eligible due to immigration status using state-only funds.
8. California, Indiana, Iowa, Maryland, Michigan, Nebraska, New Jersey, New York, Oregon, Washington, and Wisconsin use CHIP health service initiative funding to support the state's Poison Control Center.
9. Delaware's HSI provides vision exams and glasses to uninsured children in schools with a large share of children receiving free or reduced-cost school meals.
10. Florida, Idaho, Massachusetts, Missouri, Nevada, New Jersey, New York, and West Virginia use CHIP HSIs to fund various school-based health services programs.
11. Illinois and Iowa use HSI funds to automatically cover children who apply for Medicaid/CHIP through presumptive eligibility until the final determination is made.
12. Illinois and Minnesota use HSI funds to cover post-partum services for women covered under the CHIP unborn child option.
13. Indiana covers EPSDT benefits for children in separate CHIP subject to certain limitations.

14. Maryland, Michigan, Missouri, Ohio, and Wisconsin use HSI funds to support lead abatement programs.
15. Massachusetts has 18 different HSI programs with the overall goal of improving the health of children that are at least partially funded by CHIP. Due to the number of programs and the 10% cap of administrative services, the state does not currently claim federal funds under all programs.
16. Michigan eliminated coverage for former foster children from other states up to age 26 as of December 2018.
17. In Missouri and Nevada, most EPSDT services are provided for children in separate CHIP coverage; however, non-emergency medical transportation (NEMT) services are not covered.
18. Missouri uses its HSI to fund different health projects for children ranging from immunizations to newborn home visiting.
19. Nevada began using federal funds to cover lawfully residing immigrant children without the five-year wait in Medicaid and CHIP as of January 1, 2019. Nevada uses HSI funds for a prevention program to target and address behavioral health issues early in after school programs.
20. In addition to poison control and school-based health services, New Jersey uses HSI funds for a number of different health projects for children (seven total) ranging from respite care for children with developmental disabilities to a pediatric psychiatry collaborative to support children with mental health issues to a birth defects registry.
21. In addition to poison control and school-based services, New York uses HSI funds for a hunger prevention and assistance program and offers sickle cell screening for children.
22. Oklahoma uses HSI funding to support 18 different health projects for children and youth, including increasing access to long-acting reversible contraceptives (LARC), distributing Naloxone rescue kits in high-need counties, improving evidence-based prescribing of antipsychotic medications in counties with high utilization, and providing newborns with safe sleep kits.
23. In Pennsylvania, dependents of state employees are eligible for CHIP during the employee's six-month probation period; after that period, dependents become eligible for State Employee Plan. Pennsylvania also provides CHIP coverage to dependents of part-time and seasonal state employees who are eligible for health benefits and meet a hardship exemption.
24. West Virginia's HSI pays for well-child visits for uninsured children.