

TABLE 1: CHANGES TO ELIGIBILITY STANDARDS IN ALL 50 STATES AND DC, FY 2017 AND FY 2018

Eligibility Standard Changes						
States	FY 2017			FY 2018		
	(+)	(-)	(#)	(+)	(-)	(#)
Alabama						
Alaska						
Arizona						
Arkansas				X	X	X
California						
Colorado	X			X		
Connecticut						
Delaware						
DC						
Florida	X					
Georgia						
Hawaii						
Idaho				X		
Illinois						
Indiana					X	X
Iowa					X	
Kansas						
Kentucky						
Louisiana	X-Medicaid Expansion					
Maine	X				X	
Maryland						
Massachusetts					X	
Michigan						
Minnesota	X					
Mississippi						
Missouri		X		X		
Montana						
Nebraska						
Nevada				X		
New Hampshire						
New Jersey						
New Mexico					X	
New York						
North Carolina						
North Dakota						
Ohio			X			
Oklahoma						
Oregon						
Pennsylvania						
Rhode Island						
South Carolina						
South Dakota						
Tennessee						
Texas						
Utah	X			X	X	
Vermont						
Virginia	X			X		
Washington						
West Virginia						
Wisconsin						
Wyoming					X	
Totals	7	1	1	7	8	2

NOTES: From the beneficiary's perspective, positive changes counted in this report are denoted with (+), negative changes are denoted with (-), and neutral changes are denoted with (#). This table captures eligibility changes that states have implemented or plan to implement in FY 2017 or 2018, including changes that are part of pending Section 1115 waivers. For pending waivers, only provisions planned for implementation before the end of FY 2018 (according to waiver application documents) are counted in this table. Waiver provisions in pending waivers that states plan to implement *in FY 2019 or after* are not counted here.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2017.

TABLE 2: STATES REPORTING ELIGIBILITYⁱ AND PREMIUMⁱⁱ CHANGES IN FY 2017 AND FY 2018ⁱⁱⁱ

State	Fiscal Year	Eligibility Changes
Arkansas	2017	Premiums (New only for expansion population, under Sec. 1115 waiver): Arkansas Works program ended prior required contributions to "Health Independence Accounts" and replaced them with a 2% premium requirement for expansion populations with income 100-133% FPL (up to \$13/month). Non-payment does not affect eligibility, but a debt to the state is accumulated (1/1/2017).
	2018	Expansion Adults (-) Pending Sec. 1115 Waiver: Eliminate the conditions CMS placed on the state's waiver of retroactive eligibility for expansion enrollees (including the medically frail), effective 1/1/2018 (60,000 individuals). ²⁹ Expansion Adults (-) Pending Sec. 1115 Waiver: Eliminate coverage for expansion population with income 100-133% FPL. (Implementation phased based on redetermination date.) Expansion Adults (-) Pending Sec. 1115 Waiver: Work requirement for "remaining" expansion adults (0-100% FPL), similar to SNAP program. Expansion Adults (#) Pending Sec. 1115 Waiver: End premium assistance program for employer sponsored insurance (40 individuals). Children (+): Implement the CHIPRA option to eliminate the 5-year bar on Medicaid eligibility for legally-residing immigrant children.
Colorado	2017	Adults (+): Implementing annualized income for eligibility for MAGI populations (affects 3,000).
	2018	Aged & Disabled (+) Planned Sec. 1115 Waiver: Medicaid buy-in option for individuals in support living services, spinal cord injury, & brain injury waivers.
Florida	2017	Children (+): Implement the CHIPRA option to eliminate the 5-year bar on Medicaid eligibility for legally-residing immigrant children.
Idaho	2018	Children (+): Cover children with severe emotional disorder in families with income between 185 and 300% FPL (1,000 children).
Indiana	2018	Expansion Adults (-) Pending Sec. 1115 Waiver: Three-month lock-out of coverage following a 90-day period of disenrollment for failure to comply with redetermination requirements. Expansion Adults (#): End HIP Link premium assistance program for Employer Sponsored Insurance. (Enrollees will be moved to other HIP 2.0 coverage). Premiums (New) Pending Sec. 1115 Waiver: Require Transitional Medical Assistance parents up to 138% FPL to pay premiums like expansion adults. Premiums (New) Pending Sec. 1115 Waiver: Add a 1% premium surcharge for tobacco users beginning in the second year of enrollment. Premiums (Neutral for Expansion Population) Pending Sec. 1115 Waiver: Seeking a tiered contribution amount instead of flat 2% of income, effective February 1, 2018 for the HIP 2.0 program.
Iowa	2018	All Groups (-) Pending Sec. 1115 Waiver: Eliminate retroactive eligibility, target effective date 10/1/17.
Louisiana	2017	Expansion Adults (+): Implemented Medicaid expansion on July 1, 2016 (430,000 individuals).
Maine	2017	Adults (+): Increased eligibility under family planning pathway to 209% FPL.

ⁱPositive changes from the beneficiary's perspective that were counted in this report are denoted with (+). Negative changes from the beneficiary's perspective that were counted in this report are denoted with (-). Reductions to Medicaid eligibility pathways in response to the availability of other coverage options (including Marketplace or Medicaid expansion coverage) were denoted as (#).

ⁱⁱ New premiums are denoted as (New). Changes to premium policies that have a neutral impact from the beneficiary's perspective are denoted as (Neutral).

ⁱⁱⁱ This table captures eligibility and premium changes that states have implemented or plan to implement in FY 2017 or 2018, including changes that are part of pending Section 1115 waivers. For pending waivers, only provisions planned for implementation before the end of FY 2018 (according to waiver application documents) are counted in this table. Waiver provisions in pending waivers that states plan to implement in FY 2019 or after are not counted here.

	2018	<p>Adults (-) Pending Sec. 1115 Waiver: Add a work requirement for many groups of adults ages 19-64: parents, former foster care youth, individuals receiving transitional medical assistance, medically needy parents/caretakers, individuals eligible for family planning services only, and individuals with HIV. Those who fail to comply with work requirement would be limited to no more than 3 months in a 36-month period.</p> <p>All Groups (-) Pending Sec. 1115 Waiver: Eliminate retroactive eligibility.</p> <p>Adults (-) Pending Sec. 1115 Waiver: Apply a \$5,000 asset test to all coverage groups that do not currently have an asset test (under current law there is no asset test for coverage groups based solely on low income (vs. old age/disability)).</p> <p>All Groups (-) Pending Sec. 1115 Waiver: Eliminate hospital presumptive eligibility.</p>
Massachusetts	2018	<p>Adults (-) Pending Sec. 1115 Waiver: Eliminate 90 day period of provisional eligibility for adults under age 65 without verified income who are not either pregnant or HIV positive (130,000).³⁰</p>
Minnesota	2017	<p>Aged & Disabled (+): Increased income standard for the medically needy from 75% FPL to 80% FPL on 7/1/2016.</p> <p>Adults (+): Added optional Medicaid eligibility group for family planning for those with income up to 278% FPL.</p>
Missouri	2017	<p>Adults (-): Family Planning Waiver ended and replaced with a state-only (non-Medicaid) program.</p>
	2018	<p>Aged & Disabled (+): Asset limit doubled (10,005 individuals).</p>
Nevada	2018	<p>Children (+): Implement the CHIPRA option to eliminate the 5-year bar on Medicaid eligibility for legally-residing immigrant children.</p>
New Mexico	2018	<p>Aged & Disabled (-): Home equity exclusion changed from the federal maximum of \$840,000 to the federal minimum of \$560,000 (Fewer than 5 individuals).</p>
Ohio	2017	<p>Aged & Disabled (#): Conversion from 209(b) to 1634 for SSI related groups.</p>
Utah	2017	<p>Children (+): Implementing the CHIPRA option to eliminate the 5-year bar on Medicaid eligibility for legally-residing immigrant children (Estimated to affect 750 children).</p>
	2018	<p>Parents & Caretakers (+): Increased the Basic Maintenance Standard to 55% FPL (3,000 individuals).</p> <p>Adults (+) Pending Sec. 1115 Waiver: New eligibility group for chronically homeless, justice-involved individuals and those in need of substance abuse and/or mental health treatment, with income below 5% FPL.</p> <p>Adults (-) Pending Sec. 1115 Waiver: Add a work requirement for Primary Care Network (PCN) group.</p> <p>Adults (-) Pending Sec. 1115 Waiver: Eliminate of retroactive eligibility for PCN adults.</p> <p>Adults (-) Pending Sec. 1115 Waiver: Add 60-month limit on eligibility for PCN adults.</p> <p>Current Enrollees (-) Pending Sec. 1115 Waiver: Eliminate hospital presumptive eligibility.</p>
Virginia	2017	<p>Disabled (+) Under Sec. 1115 Waiver: Increased eligibility from 60% to 80% FPL for waiver services for people with serious mental illness (GAP waiver program). (Note: had been decreased from 100% FPL to 60% FPL in FY 2016.)</p>
	2018	<p>Disabled (+) Under Sec. 1115 Waiver: Increase eligibility from 80% to 100% FPL for waiver services for people with serious mental illness (GAP waiver program) (2,000 adults with SMI). (Full restoration to pre-2016 level.)</p>
Wyoming	2018	<p>Adults (-): Income level for Breast and Cervical Cancer program reduced to 100% FPL (fewer than 50 individuals).</p>
		<p>Aged & Disabled (-): Income level for Employed Persons with Disabilities program reduced to 100% FPL (163 individuals).</p>

TABLE 3: CORRECTIONS-RELATED ENROLLMENT POLICIES IN ALL 50 STATES AND DC, FY 2017 AND FY 2018

States	Medicaid Coverage For Inpatient Care Provided to Incarcerated Individuals				Medicaid Outreach/Assistance Strategies to Facilitate Enrollment Prior to Release [^]				Medicaid Eligibility Suspended Rather Than Terminated For Enrollees Who Become Incarcerated [^]			
	Jails		Prisons		Jails		Prisons		Jails		Prisons	
	In place FY 2017	New or Expanded FY 2018	In place FY 2017	New or Expanded FY 2018	In place FY 2017	New or Expanded FY 2018	In place FY 2017	New or Expanded FY 2018	In place FY 2017	New or Expanded FY 2018	In place FY 2017	New or Expanded FY 2018
Alabama		X*		X*		X*		X*		X*		X*
Alaska	X		X		X	X	X	X				
Arizona	X		X		X	X	X	X	X		X	
Arkansas	X		X		X		X		X		X	
California	X		X		X		X		X		X	
Colorado	X		X		X		X		X		X	
Connecticut	X		X		X		X		X		X	
Delaware	X		X		X		X		X*		X*	
DC	X		N/A	N/A	X		X		X		N/A	N/A
Florida									X		X	
Georgia			X	X								
Hawaii			X				X				X	
Idaho	X		X									
Illinois	X		X				X				X	
Indiana	X		X		X		X		X		X	
Iowa	X		X				X		X		X	
Kansas			X				X					
Kentucky	X		X		X		X		X		X	
Louisiana	X		X			X	X		X		X	
Maine	X		X						X		X	
Maryland	X		X		X	X	X	X	X		X	
Massachusetts	X		X		X		X		X		X	
Michigan	X		X		X		X		X		X	
Minnesota	X		X		X		X	X	X			
Mississippi			X				X				X	
Missouri	X		X		X		X					
Montana	X		X		X		X		X		X	
Nebraska			X						X		X	
Nevada			X		X	X	X	X	X		X	
New Hampshire	X		X		X		X		X		X	
New Jersey	X		X		X		X		X		X	
New Mexico	X	X	X		X	X	X		X	X	X	
New York	X		X		X		X		X		X	
North Carolina			X								X	
North Dakota	X		X				X					
Ohio	X		X				X		X		X	
Oklahoma			X									
Oregon	X		X		X		X		X		X	
Pennsylvania	X		X		X	X	X	X	X	X	X	X
Rhode Island	X		X		X		X		X		X	
South Carolina	X		X		X		X		X		X	
South Dakota	X		X						X		X	
Tennessee	X		X						X		X	
Texas	X				X				X	X		
Utah	X		X		X		X					
Vermont	X		X		X		X					
Virginia	X		X				X		X		X	
Washington	X		X		X	X	X		X*		X*	
West Virginia	X		X		X		X		X		X	
Wisconsin	X		X		X		X					
Wyoming												
Totals	40	2	46	2	31	9	39	9	33	6	34	4

NOTES: *States with "Medicaid outreach assistance strategies to facilitate enrollment prior to release" include those implementing a variety of strategies. In many cases, staff of the prison or jail provide most of the assistance in collaboration with the Medicaid agency. ^States that continue Medicaid eligibility for incarcerated individuals but limit covered benefits to inpatient hospitalization are also included in the count of states that suspend eligibility. ** indicates that a policy was newly adopted in FY 2018, meaning that the state did not have any policy in that category/column in place in FY 2017. N/A: The District of Columbia has jails but no prisons. However, DC is counted under Medicaid outreach/assistance strategies because some individuals who serve prison terms outside of DC may be placed in residential re-entry centers upon returning to DC and may apply for Medicaid to access coverage for 24-hour inpatient care and to facilitate enrollment prior to release.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2017.

TABLE 4: SHARE OF THE MEDICAID POPULATION COVERED UNDER DIFFERENT DELIVERY SYSTEMS IN ALL 50 STATES AND DC, AS OF JULY 1, 2017

States	Type(s) of Managed Care In Place	Share of Medicaid Population in Different Managed Care Systems		
		MCO	PCCM	FFS / Other
Alabama	PCCM	--	86.4%	13.6%
Alaska	FFS	--	--	100.0%
Arizona	MCO	93.1%	--	6.9%
Arkansas*	PCCM	--	NR	NR
California	MCO and PCCM*	78.9%	--	21.1%
Colorado	MCO and PCCM*	10.5%	72.6%	16.9%
Connecticut	FFS*	--	--	100.0%
DC	MCO	78.0%	--	22.0%
Delaware	MCO	94.2%	--	5.8%
Florida	MCO	92.0%	--	8.0%
Georgia	MCO	73.0%	--	27.0%
Hawaii	MCO	99.9%	--	<0.1%
Idaho*	PCCM	--	95.0%	5.0%
Illinois	MCO and PCCM	63.4%	10.4%	26.2%
Indiana	MCO	80.0%	--	20.0%
Iowa	MCO	92.6%	--	7.4%
Kansas	MCO	95.0%	--	5.0%
Kentucky	MCO	91.0%	--	9.0%
Louisiana	MCO	92.0%	--	8.0%
Maine	PCCM	--	NR	NR
Maryland	MCO	89.2%	--	10.8%
Massachusetts	MCO and PCCM	48.0%	21.0%	31.0%
Michigan	MCO	74.5%	--	25.5%
Minnesota	MCO	76.0%	--	24.0%
Mississippi	MCO	70.0%	--	30.0%
Missouri	MCO	75.8%	--	24.2%
Montana	PCCM	--	72.0%	28.0%
Nebraska	MCO	99.6%	--	0.4%
Nevada	MCO and PCCM	72.0%	6.0%	22.0%
New Hampshire*	MCO	73.0%	--	4.1%
New Jersey	MCO	95.8%	--	4.2%
New Mexico	MCO	88.7%	--	11.3%
New York	MCO	82.7%	--	17.3%
North Carolina	PCCM	--	90.0%	10.0%
North Dakota	MCO and PCCM	25.0%	40.0%	35.0%
Ohio	MCO	88.5%	--	11.5%
Oklahoma	PCCM	--	75.1%	24.9%
Oregon	MCO*	89.0%	--	11.0%
Pennsylvania	MCO	82.3%	--	17.7%
Rhode Island	MCO	90.4%	--	9.6%
South Carolina	MCO*	76.0%	--	24.0%
South Dakota	PCCM	--	80.0%	20.0%
Tennessee	MCO	100.0%	--	0.0%
Texas	MCO*	91.7%	--	8.1%
Utah	MCO	84.9%	--	15.1%
Vermont	PCCM	--	63.0%	37.0%
Virginia	MCO	76.0%	--	24.0%
Washington	MCO and PCCM	85.0%	2.0%	13.0%
West Virginia	MCO	80.0%	--	20.0%
Wisconsin	MCO	67.0%	--	33.0%
Wyoming	FFS*	0.2%	--	99.8%

NOTES: NR - not reported. Share of Medicaid Population that is covered by different managed care systems. MCO refers to risk-based managed care; PCCM refers to Primary Care Case Management. FFS/Other refers to Medicaid beneficiaries who are not in MCOs or PCCM programs. *AR - Most Expansion Adults served by Qualified Health Plans through "Arkansas Works" premium assistance waiver. *CA - PCCM program operates in LA county for those with HIV. *CO - PCCM enrollees are part of the state's Accountable Care Collaboratives (ACCs). *CT - terminated its MCO contracts in 2012 and now operates its program on a fee-for-service basis using four ASO entities. *ID - The Medicaid-Medicare Coordinated Plan (MMCP) has been recategorized by CMS as an MCO but is not counted here as such since it is secondary to Medicare. *NH - 22.9% of overall population and 80.1% of Expansion Adults are served by Qualified Health Plans under NH's premium assistance program waiver *OR - MCO enrollees include those enrolled in the state's Coordinated Care Organizations. *SC - uses PCCM authority to provide care management services to approximately 200 medically complex children. *TX - Texas Medicaid Wellness program provides care management services for high-cost/high-risk enrollees (under PCCM authority). *WY - the state does not operate a traditional PCCM or MCO program, but does use PCCM authority to make PCMH payments.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2017.

TABLE 5: ENROLLMENT OF SPECIAL POPULATIONS UNDER MEDICAID MANAGED CARE CONTRACTS FOR ACUTE CARE IN ALL 50 STATES AND DC, AS OF JULY 1, 2017

States	Pregnant Women	Foster Children	Persons with ID/DD	CSHCNs	Persons with SMI/SED	Adults w/ physical disabilities
Alabama	--	--	--	--	--	--
Alaska	--	--	--	--	--	--
Arizona	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory
Arkansas	--	--	--	--	--	--
California	Always mandatory	Varies	Varies	Always mandatory	Always mandatory	Always mandatory
Colorado	Always voluntary	Always voluntary	Always voluntary	Always voluntary	Always voluntary	Always voluntary
Connecticut	--	--	--	--	--	--
DC	Always mandatory	Varies	Always excluded	Varies	Varies	Varies
Delaware	Always mandatory	Always mandatory	Varies	Always mandatory	Always mandatory	Always mandatory
Florida	Always mandatory	Always mandatory	Always voluntary	Always mandatory	Always mandatory	Always mandatory
Georgia	Always mandatory	Always mandatory	Always excluded	Always excluded	Always excluded	Always excluded
Hawaii	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory
Idaho	--	--	--	--	--	--
Illinois	Varies	Always excluded	Varies	Varies	Varies	Varies
Indiana	Always mandatory	Always voluntary	Varies	Varies	Varies	Varies
Iowa	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory
Kansas	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory
Kentucky	Varies	Varies	Varies	Varies	Varies	Varies
Louisiana	Always mandatory	Always mandatory	Varies	Always mandatory	Varies	Varies
Maine	--	--	--	--	--	--
Maryland	Always mandatory	Always mandatory	Varies	Varies	Varies	Always excluded
Massachusetts	Always voluntary	Always voluntary	Always voluntary	Always voluntary	Always voluntary	Always voluntary
Michigan	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory
Minnesota	Always mandatory	Always voluntary	Always excluded	Always voluntary	Varies	Always voluntary
Mississippi	Always mandatory	Always voluntary	Varies	Varies	Varies	Varies
Missouri	Always mandatory	Always mandatory	Always excluded	Varies	Varies	Always excluded
Montana	--	--	--	--	--	--
Nebraska	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory
Nevada	Always mandatory	Varies	Always excluded	Varies	Varies	Always excluded
New Hampshire	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory
New Jersey	Varies	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory
New Mexico	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory
New York	Always mandatory	Varies	Varies	Varies	Always mandatory	Always mandatory
North Carolina	--	--	--	--	--	--
North Dakota	Always excluded	Always excluded	Always excluded	Always excluded	Always excluded	Always excluded
Ohio	Always mandatory	Always mandatory	Varies	Varies	Varies	Always mandatory
Oklahoma	--	--	--	--	--	--
Oregon	Always mandatory	Varies	Varies	Always mandatory	Always mandatory	Always mandatory
Pennsylvania	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory
Rhode Island	Always mandatory	Always mandatory	Varies	Always mandatory	Varies	Varies
South Carolina	Always mandatory	Always voluntary	Always excluded	Varies	Varies	Varies
South Dakota	--	--	--	--	--	--
Tennessee	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory	Always mandatory
Texas	Always mandatory	Always voluntary	Varies	Always mandatory	Always mandatory	Always mandatory
Utah	Varies	Varies	Varies	Varies	Varies	Varies
Vermont	--	--	--	--	--	--
Virginia	Always mandatory	Always mandatory	Varies	Varies	Varies	Varies
Washington	Always mandatory	Always voluntary	Varies	Always mandatory	Always mandatory	Always mandatory
West Virginia	Always mandatory	Always excluded	Always excluded	Always mandatory	Varies	Varies
Wisconsin	Always mandatory	Varies	Always voluntary	Varies	Always voluntary	Always voluntary
Wyoming	--	--	--	--	--	--
Always Mandatory	32	20	11	20	18	19
Always Voluntary	2	8	4	3	3	4
Varies	4	8	16	14	16	11
Always Excluded	1	3	8	2	2	5

NOTES: "--" indicates there were no MCOs operating in that state's Medicaid program in July 2017. ID/DD - intellectual and developmental disabilities, CSHCN - Children with special health care needs, SMI - Serious Mental Illness, SED - Serious Emotional Disturbance. States were asked to indicate for each group if enrollment in MCOs is "always mandatory," "always voluntary," "varies," or if the group is "always excluded" from MCOs as of July 1, 2017.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2017.

TABLE 6: BEHAVIORAL HEALTH SERVICES COVERED UNDER ACUTE CARE MCO CONTRACTS IN ALL 50 STATES AND DC, AS OF JULY 1, 2017

States	Specialty OP Mental Health	Inpatient Mental Health	Outpatient SUD	Inpatient SUD
Alabama	--	--	--	--
Alaska	--	--	--	--
Arizona	Varies	Varies	Varies	Varies
Arkansas	--	--	--	--
California	Always Carved-out	Always Carved-out	Always Carved-out	Always Carved-out
Colorado	Always Carved-out	Always Carved-out	Always Carved-out	Always Carved-out
Connecticut	--	--	--	--
DC	Always Carved-in	Always Carved-in	Always Carved-out	Always Carved-in
Delaware	Varies	Always Carved-in	Always Carved-in	Always Carved-in
Florida	Always Carved-in	Always Carved-in	Always Carved-in	Always Carved-in
Georgia	Always Carved-in	Always Carved-in	Always Carved-in	Always Carved-in
Hawaii	Always Carved-out	Always Carved-out	Always Carved-in	Always Carved-in
Idaho	--	--	--	--
Illinois	Always Carved-in	Always Carved-in	Always Carved-in	Always Carved-in
Indiana	Always Carved-out	Always Carved-in	Always Carved-in	Always Carved-in
Iowa	Always Carved-in	Always Carved-in	Always Carved-in	Always Carved-in
Kansas	Always Carved-in	Always Carved-in	Always Carved-in	Always Carved-in
Kentucky	Always Carved-in	Always Carved-in	Always Carved-in	Always Carved-in
Louisiana	Always Carved-in	Always Carved-in	Always Carved-in	Always Carved-in
Maine	--	--	--	--
Maryland	Always Carved-out	Always Carved-out	Always Carved-out	Always Carved-out
Massachusetts	Always Carved-in	Always Carved-in	Always Carved-in	Always Carved-in
Michigan	Always Carved-out	Always Carved-out	Always Carved-out	Always Carved-out
Minnesota	Always Carved-in	Always Carved-in	Always Carved-in	Always Carved-in
Mississippi	Always Carved-in	Always Carved-in	Varies	Varies
Missouri	Always Carved-out	Varies	Varies	Varies
Montana	--	--	--	--
Nebraska	Always Carved-in	Always Carved-in	Always Carved-in	Always Carved-in
Nevada	Always Carved-in	Always Carved-in	Always Carved-in	Always Carved-in
New Hampshire	Always Carved-in	Always Carved-in	Always Carved-in	Always Carved-in
New Jersey	Varies	Varies	Varies	Varies
New Mexico	Always Carved-in	Always Carved-in	Always Carved-in	Always Carved-in
New York	Always Carved-in	Always Carved-in	Always Carved-in	Always Carved-in
North Carolina	--	--	--	--
North Dakota	Always Carved-in	Always Carved-in	Always Carved-in	Always Carved-in
Ohio	Always Carved-out	Always Carved-out	Always Carved-out	Always Carved-out
Oklahoma	--	--	--	--
Oregon	Always Carved-in	Always Carved-in	Always Carved-in	Always Carved-in
Pennsylvania	Always Carved-out	Always Carved-out	Always Carved-out	Always Carved-out
Rhode Island	Always Carved-in	Always Carved-in	Always Carved-in	Always Carved-in
South Carolina	Always Carved-in	Varies	Always Carved-in	Always Carved-in
South Dakota	--	--	--	--
Tennessee	Always Carved-in	Always Carved-in	Always Carved-in	Always Carved-in
Texas	Always Carved-in	Always Carved-in	Always Carved-in	Always Carved-in
Utah	Always Carved-out	Always Carved-out	Always Carved-out	Always Carved-out
Vermont	--	--	--	--
Virginia	Always Carved-out	Always Carved-in	Always Carved-in	Always Carved-in
Washington	Varies	Varies	Varies	Varies
West Virginia	Always Carved-in	Always Carved-in	Always Carved-in	Varies
Wisconsin	Varies	Always Carved-in	Always Carved-in	Always Carved-in
Wyoming	--	--	--	--
Always Carved-in	23	26	26	26
Always Carved-out	11	8	8	7
Varies	5	5	5	6

NOTES: OP - Outpatient. SUD - Substance Use Disorder. "--" indicates there were no MCOs operating in that state's Medicaid program in July 2017. For beneficiaries enrolled in an MCO for acute care benefits, states were asked to indicate whether these benefits are always carved-in (meaning virtually all services are covered by the MCO), always carved-out (to PHP or FFS), or whether the carve-in varies (by geography or other factor). "Specialty outpatient mental health" refers to services utilized by adults with Serious Mental Illness (SMI) and/or youth with serious emotional disturbance (SED) commonly provided by specialty providers such as community mental health centers.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2017.

TABLE 7: SELECT MEDICAID MANAGED CARE QUALITY INITIATIVES IN ALL 50 STATES AND DC, IN PLACE IN FY 2017 AND ACTIONS TAKEN IN FY 2018

States	Pay for Performance/ Performance Bonus			Capitation Withhold or Penalty			Required Data Collection and Reporting			Any Select Quality Initiatives		
	In Place 2017	New 2018	Expanded 2018	In Place 2017	New 2018	Expanded 2018	In Place 2017	New 2018	Expanded 2018	In Place 2017	New 2018	Expanded 2018
Alabama												
Alaska												
Arizona												
Arkansas												
California				X			X			X		
Colorado	X									X		
Connecticut												
DC	X			X			X			X		
Delaware							X			X		
Florida	X			X			X			X		
Georgia	X			X			X		X	X		X
Hawaii				X		X	X			X		X
Idaho												
Illinois	X			X			X			X		
Indiana	X			X			X			X		
Iowa	X			X			X			X		
Kansas	X			X			X			X		
Kentucky	X			X			X			X		
Louisiana				X		X	X		X	X		X
Maine												
Maryland	X			X			X			X		
Massachusetts				X			X			X		
Michigan	X			X			X			X		
Minnesota				X			X			X		
Mississippi							X			X		
Missouri	X			X			X		X	X		X
Montana												
Nebraska				X		X	X		X	X		X
Nevada		X			X		X			X	X	X
New Hampshire							X	X	X	X	X	X
New Jersey	X			X			X			X		
New Mexico				X			X			X		
New York	X		X				X		X	X		X
North Carolina												
North Dakota												
Ohio	X			X			X			X		
Oklahoma												
Oregon	X			X			X			X		
Pennsylvania	X	X	X		X	X	X		X	X	X	X
Rhode Island	X			X			X			X		
South Carolina	X			X			X			X		
South Dakota												
Tennessee	X			X			X			X		
Texas		X		X			X			X	X	
Utah							X			X		
Vermont												
Virginia	X			X			X			X		
Washington				X			X			X		
West Virginia				X			X			X		
Wisconsin	X	X		X			X	X		X	X	
Wyoming												
Totals	22	4	2	29	2	4	36	2	7	37	5	8

NOTES: States with MCO contracts were asked to report if select quality initiatives were included in contracts in FY 2017, or are new or expanded in FY 2018. The table above does not reflect all quality initiatives states have included as part of MCO contracts.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2017.

TABLE 8: MINIMUM MEDICAL LOSS RATIO POLICIES FOR MEDICAID MCOs IN ALL 50 STATES AND DC, JULY 1, 2017

Minimum Medical Loss Ratio (MLR)				
States	Require minimum MLR	% if required		Remittance required if MCO does not meet minimum MLR?
		Acute	LTSS	
Alabama	--			
Alaska	--			
Arizona	Yes -- always	85%	85%	No
Arkansas	--			
California	No			
Colorado	Yes -- always	85%	--	Yes -- always
Connecticut	--			
DC	Yes -- always	85%	--	No
Delaware	No			
Florida	Yes -- sometimes	85%	N/A	No
Georgia	No			
Hawaii	No			
Idaho	--			
Illinois	Yes -- always	85%*	88%	Yes -- always
Indiana	Yes -- always	85-87%*	--	Yes -- always
Iowa	Yes -- always	88%	88%	Yes -- always
Kansas	No			
Kentucky	Yes -- always	90%	--	Yes -- always
Louisiana	Yes -- always	85%	--	Yes -- always
Maine	--			
Maryland	Yes -- always	85%	--	Yes -- always
Massachusetts	Yes -- sometimes	N/A	80%*	No
Michigan	Yes -- sometimes	85%	N/A	No
Minnesota	No			
Mississippi	Yes -- always	85%	--	Yes -- always
Missouri	Yes -- always	85%	--	Yes -- always
Montana	--			
Nebraska	Yes -- always	85%	--	Yes -- always
Nevada	Yes -- always	85%	--	Yes -- always
New Hampshire	Yes -- always	89%	--	No
New Jersey	Yes -- always	85%	90%	Yes -- always
New Mexico	Yes -- always	86%	86%	No
New York	No*			
North Carolina	--			
North Dakota	No			
Ohio	Yes -- sometimes	85%	N/A	Yes -- sometimes*
Oklahoma	--			
Oregon	Yes -- always	80%	--	Yes -- always
Pennsylvania	No			
Rhode Island	No			
South Carolina	Yes -- sometimes	86%	N/A	Yes -- always
South Dakota	--			
Tennessee	No			
Texas	No*			
Utah	No			
Vermont	--			
Virginia	Yes -- always	85%	85%	Yes -- always
Washington	Yes -- always	85-87%*	--	Yes -- always
West Virginia	Yes -- always	85%	--	Yes -- always
Wisconsin	No			
Wyoming	--			
Yes -- always	20			17
Yes -- sometimes	5			1
No	14			7
N/A - No MCOs	12			

NOTES: In "Require Minimum MLR" column "--" indicates states that do not have Medicaid MCOs and "--" also appears in "LTSS %" column if state does not have MLTSS. "N/A" appears in "LTSS %" column if state with managed LTSS does not have LTSS MLR or in "Acute %" column if MCO state does not have acute MLR. *IL, IN, and WA indicated that the minimum acute MLR varies by population. *MA Senior Care Options (SCO) program has a minimum MLR of 80%. *NY is implementing MLR for acute and MLTSS in CY 2018 which will be effective retroactively to CY 2017. *OH requires remittances for the expansion population. *TX has experience rebate on plans above a certain profit level.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2017.

TABLE 9: SELECT DELIVERY SYSTEM AND PAYMENT REFORM INITIATIVES IN ALL 50 STATES AND DC, IN PLACE IN FY 2017 AND ACTIONS TAKEN IN FY 2018

States	Patient-Centered Medical Homes (PCMH)		ACA Health Homes		Accountable Care Organizations (ACO)		Episode of Care Payments		Delivery System Reform Incentive Payment Program (DSRIP)		Any Delivery System or Payment Reform Initiatives	
	In Place FY 2017	New/Expand FY 2018	In Place FY 2017	New/Expand FY 2018	In Place FY 2017	New/Expand FY 2018	In Place FY 2017	New/Expand FY 2018	In Place FY 2017	New/Expand FY 2018	In place FY 2017	New/Exp in FY 2018
Alabama	X		X								X	
Alaska		X*		X*				X*				X*
Arizona									X		X	
Arkansas	X	X					X	X			X	X
California				X*					X		X	X
Colorado	X	X			X	X					X	X
Connecticut	X		X		X			X*			X	X
Delaware		X*										X*
DC			X								X	
Florida	X										X	
Georgia		X*										X*
Hawaii												
Idaho	X										X	
Illinois		X*		X*								X*
Indiana												
Iowa	X		X		X						X	
Kansas									X		X	
Kentucky												
Louisiana												
Maine	X		X		X						X	
Maryland			X								X	
Massachusetts	X				X	X			X	X	X	X
Michigan	X	X	X								X	X
Minnesota	X		X		X	X					X	X
Mississippi												
Missouri	X		X		X						X	
Montana	X										X	
Nebraska	X										X	
Nevada					X						X	
New Hampshire									X		X	
New Jersey	X				X				X		X	
New Mexico	X	X	X	X			X	X	X		X	X
New York	X		X	X	X		X		X		X	X
North Carolina	X		X								X	
North Dakota												
Ohio	X	X	X				X	X			X	X
Oklahoma	X		X								X	
Oregon	X										X	
Pennsylvania	X	X			X	X	X				X	X
Rhode Island	X		X		X	X					X	X
South Carolina	X							X*			X	X
South Dakota			X								X	
Tennessee	X	X	X				X	X			X	X
Texas	X								X	X	X	X
Utah												
Vermont	X		X	X	X	X					X	X
Virginia	X										X	
Washington			X						X		X	
West Virginia			X	X							X	X
Wisconsin	X		X								X	
Wyoming	X	X									X	X
Totals	30	12	21	7	13	6	6	7	10	2	40	22

NOTES: Expansions of existing initiatives include rollouts of existing initiatives to new areas or groups and significant increases in enrollment or providers. "*" indicates that a policy was newly adopted in FY 2018, meaning that the state did not have any policy in that category/column in place in FY 2017.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2017.

TABLE 10: LONG-TERM CARE ACTIONS TO SERVE MORE INDIVIDUALS IN COMMUNITY SETTINGS IN ALL 50 STATES AND DC, FY 2017 AND FY 2018

States	Sec. 1915(c) or Sec. 1115 Waiver		Sec. 1915(i) HCBS State Plan Option		Sec. 1915(k) "Community First Choice" Option		Building Rebalancing Incentives into MLTSS		PACE Expansion		Close/Downsize Institution		Certificate of Need or Moratorium		Total States with HCBS Expansions	
	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
Alabama	X	X													X	X
Alaska						X										X
Arizona								X	X						X	X
Arkansas	X	X								X	X				X	X
California	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Colorado	X	X	X	X						X	X				X	X
Connecticut	X	X		X	X	X						X	X		X	X
DC*											X					X
Delaware	X	X		X				X	X	X	X	X			X	X
Florida	X	X						X	X	X	X				X	X
Georgia	X	X													X	X
Hawaii								X	X						X	X
Idaho	X	X	X	X								X			X	X
Illinois	X	X						X	X						X	X
Indiana	X	X	X	X						X	X			X	X	X
Iowa	X	X	X	X					X	X				X	X	X
Kansas	X	X													X	X
Kentucky	X	X													X	X
Louisiana										X	X				X	X
Maine	X	X													X	X
Maryland		X			X	X									X	X
Massachusetts	X	X						X	X	X					X	X
Michigan	X	X		X				X	X	X	X				X	X
Minnesota	X	X										X	X		X	X
Mississippi	X		X	X											X	X
Missouri	X	X													X	X
Montana	X				X	X						X	X		X	X
Nebraska	X	X								X	X				X	X
Nevada		X		X												X
New Hampshire	X	X		X											X	X
New Jersey	X	X						X	X	X	X				X	X
New Mexico	X	X						X	X						X	X
New York	X	X			X	X	X	X	X	X	X	X	X		X	X
North Carolina	X	X								X	X				X	X
North Dakota	X	X								X	X	X	X	X	X	X
Ohio	X	X	X	X								X	X		X	X
Oklahoma	X	X								X	X				X	X
Oregon					X	X				X	X			X	X	X
Pennsylvania	X	X						X	X	X	X	X	X		X	X
Rhode Island								X	X						X	X
South Carolina	X	X										X			X	X
South Dakota	X	X													X	X
Tennessee	X	X								X	X			X	X	X
Texas	X	X	X	X	X	X				X	X				X	X
Utah	X	X													X	X
Vermont	X	X													X	X
Virginia	X	X							X	X	X	X			X	X
Washington	X	X			X	X				X	X				X	X
West Virginia		X														X
Wisconsin	X	X								X	X				X	X
Wyoming	X	X				X				X	X				X	X
Totals	41	42	8	13	8	10	16	17	21	22	13	9	4	5	47	51

NOTES: "1915(c) or Sec. 1115 Waiver" actions include: adopting new waivers; adding and filling more waiver slots; or filling more waiver slots. Actions under "1915(i) and 1915(k)" include adding new 1915(i) or 1915(k) SPAs or serving more individuals through existing 1915(i) or 1915(k) SPAs. "Certificate of Need or Moratorium" actions include: implementing/tightening a CON program or imposing a new/extended moratorium on construction of new nursing facility or ICF-ID beds. *DC - Although not reflected in the table/counts above, DC also reported implementing a uniform assessment tool and increasing the availability of Medicaid application assistance, streamlining the eligibility and enrollment process. Several states also highlighted continued rebalancing efforts through the Money Follows the Person (MFP) program; although this federal grant program ended in September 2016, with CMS approval, states can continue to transition eligible individuals through 2018 and expend remaining MFP funds through federal FY 2020.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2017.

TABLE 11: CAPITATED MLTSS MODELS IN ALL 50 STATES AND DC, AS OF JULY 1, 2017

States	Medicaid MCO	PHP	Medicare + Medicaid Demonstration	Any MLTSS	Statewide
Alabama					
Alaska					
Arizona	X			X	X
Arkansas					
California	X		X	X	
Colorado					
Connecticut					
DC					
Delaware	X			X	X
Florida	X			X	X
Georgia					
Hawaii	X			X	X
Idaho		X		X	
Illinois	X		X	X	
Indiana					
Iowa	X			X	X
Kansas	X			X	X
Kentucky					
Louisiana					
Maine					
Maryland					
Massachusetts	X		X*	X	
Michigan		X	X	X	X
Minnesota*	X			X	X
Mississippi					
Missouri					
Montana					
Nebraska					
Nevada					
New Hampshire					
New Jersey	X			X	X
New Mexico	X			X	X
New York	X	X	X	X	X
North Carolina		X		X	X
North Dakota					
Ohio	X		X	X	
Oklahoma					
Oregon					
Pennsylvania					
Rhode Island	X		X	X	X
South Carolina			X	X	
South Dakota					
Tennessee	X	X		X	X
Texas	X		X	X	X
Utah					
Vermont					
Virginia			X	X	
Washington					
West Virginia					
Wisconsin	X	X		X	
Wyoming					
Totals	18	6	10	23	15

NOTES: States were asked whether they cover long-term services supports through any of the following managed care (capitated) arrangements as of July 1, 2017: Medicaid MCO (MCO covers Medicaid acute + Medicaid LTSS); PHP (covers only Medicaid LTSS); or Medicare + Medicaid Demonstration (Medicaid MCO covers Medicaid and Medicare acute + Medicaid LTSS). "Medicare + Medicaid Demonstration" - these states use Medicaid MCOs in Financial Alignment Demonstration (FAD) initiatives which involve care coordination for dually eligible beneficiaries. States were also asked whether MLTSS plans were operating in all regions of the state as of July 1, 2017 (statewide). *MA operates a FAD and another administrative alignment demonstration for dually eligible beneficiaries. *MN operates an administrative alignment demonstration (without financial alignment) for dually eligible beneficiaries. *OH offers a Medicaid MCO (MCO offers Medicaid acute + Medicaid LTSS) only in those counties where the FAD is offered; dually eligible seniors who opt out of the FAD must enroll in this Medicaid MCO model for Medicaid services.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2017.

TABLE 12: PROVIDER RATE CHANGES IN ALL 50 STATES AND DC, FY 2017

States	Inpatient Hospital		Outpatient Hospital		Primary Care Physicians		Specialists		Dentists		Managed Care Organizations		Nursing Facilities		HCBS		Total	
	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-
Alabama		X									--	--	X				X	X
Alaska		X			X		X		X		--	--		X			X	X
Arizona	X		X								X		X		X		X	
Arkansas		X									--	--	X				X	X
California		X							X			X	X		X		X	X
Colorado		X				X						X	X				X	X
Connecticut		X							X		--	--		X				X
Delaware		X	X		X		X		X		X		X				X	X
DC	X		X		X		X		X		X		X		X		X	
Florida	X			X							X		X		X		X	X
Georgia	X				X		X		X		X		X		X		X	
Hawaii	X		X		X		X		X		X		X		X		X	
Idaho	X		X		X		X				--	--		X			X	X
Illinois		X									X			X			X	X
Indiana		X									X			X	X		X	X
Iowa		X												X				X
Kansas		X		X		X		X		X		X	X		X		X	X
Kentucky	X				X						X	X	X		X		X	X
Louisiana	X		X								X		X				X	
Maine		X									--	--	X				X	X
Maryland	X		X								X		X		X		X	
Massachusetts		X									X		X		X		X	X
Michigan		X										X	X		X		X	X
Minnesota	X		X				X		X		X		X		X		X	
Mississippi		X	X		X						X		X		X		X	X
Missouri		X	X		X		X		X		X		X		X		X	X
Montana		X			X		X				--	--	X		X		X	X
Nebraska	X		X		X		X		X				X		X		X	
Nevada		X									X			X	X		X	X
New Hampshire		X									X			X			X	X
New Jersey	X		X		X		X				X		X		X		X	
New Mexico		X		X		X		X		X		X	X		X		X	
New York		X									X		X		X		X	X
North Carolina		X									--	--	X				X	X
North Dakota		X				X		X			X			X			X	X
Ohio	X		X								X		X		X		X	
Oklahoma		X									--	--		X				X
Oregon		X									X		X		X		X	X
Pennsylvania		X									X			X			X	X
Rhode Island	X		X								X		X		X		X	
South Carolina		X									X		X		X		X	X
South Dakota	X		X		X		X		X		--	--	X				X	
Tennessee		X												X				X
Texas		X									X			X		X	X	X
Utah		X				X			X		X		X				X	X
Vermont		X		X	X						--	--	X		X		X	X
Virginia	X		X								X		X		X		X	
Washington		X									X		X				X	X
West Virginia		X									X		X				X	X
Wisconsin	X		X				X		X		X		X				X	
Wyoming		X		X		X		X			--	--		X	X		X	X
Totals	17	34	17	5	14	6	13	4	11	3	30	5	36	15	27	2	46	37

NOTES: "+" refers to provider rate increases and "-" refers to provider rate restrictions. HCBS: Home and community-based services. For the purposes of this report, provider rate restrictions include cuts to rates for physicians, dentists, outpatient hospitals, managed care organizations, and HCBS as well as both cuts or freezes in rates for inpatient hospitals and nursing facilities. There are 12 states that did not have Medicaid MCOs in operation in FY 2017; they are denoted as "--" in the MCO column.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2017.

TABLE 13: PROVIDER RATE CHANGES IN ALL 50 STATES AND DC, FY 2018

States	Inpatient Hospital		Outpatient Hospital		Primary Care Physicians		Specialists		Dentists		Managed Care Organizations		Nursing Facilities		HCBS		Total	
	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-
Alabama		X									--	--	X				X	X
Alaska		X		X		X		X		X	--	--		X				X
Arizona	X		X		X		X				X		X		X		X	
Arkansas		X									--	--	X				X	X
California		X			X		X		X		X		X		X		X	X
Colorado	X		X				X		X		X		X		X		X	
Connecticut		X				X					--	--		X				X
Delaware		X	X		X		X			X			X				X	X
DC	X		X								X		X		X		X	
Florida		X		X								X	X		X		X	X
Georgia	X				X		X		X			X	X		X		X	X
Hawaii	X		X		X		X		X		X		X		X		X	
Idaho	X		X		X		X				--	--		X	X		X	X
Illinois		X										TBD		X	X		X	X
Indiana		X									X			X			X	X
Iowa		X				X						TBD	X				X	X
Kansas	X		X		X		X		X		X		X		X		X	
Kentucky	X		X		X						X		X				X	
Louisiana	X		X								X		X				X	X
Maine		X									--	--		X	X		X	X
Maryland	X		X										X		X		X	
Massachusetts	X		X		X		X				X		X		X		X	X
Michigan		X									X		X		X		X	X
Minnesota	X		X						X		X		X		X		X	
Mississippi		X									X		X		X		X	X
Missouri	X		X			X		X		X		X		X		X	X	X
Montana		X		X		X		X		X		--	--	X		X	X	X
Nebraska		X										X		X				X
Nevada	X			X	X		X		X				X		X		X	X
New Hampshire		X									X		X		X		X	X
New Jersey	X		X		X		X						X		X		X	
New Mexico		TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD
New York		X									X		X		X		X	X
North Carolina		X									--	--		X				X
North Dakota		X									X		X				X	X
Ohio		X		X		TBD		TBD		TBD	X		X		TBD		X	X
Oklahoma		X									--	--		X				X
Oregon		X							X		X		X		X		X	X
Pennsylvania		X										X		X				X
Rhode Island	X		X								X		X		X		X	X
South Carolina		X							X				X		X		X	X
South Dakota		X									--	--		X	X		X	X
Tennessee		X								X			X		X		X	X
Texas		X									X		X				X	X
Utah		X									X		X		X		X	X
Vermont		X		X	X						--	--	X		X		X	X
Virginia		X									X		X		X		X	X
Washington		X									X		X				X	X
West Virginia		X									X		X				X	X
Wisconsin	X		X			TBD		TBD		TBD		TBD		X			X	
Wyoming		X									--	--		X	X		X	X
Totals	17	33	16	6	12	5	10	4	9	5	27	5	28	22	29	2	44	40

NOTES: "+" refers to provider rate increases and "-" refers to provider rate restrictions. HCBS: Home and community-based services. For the purposes of this report, provider rate restrictions include cuts to rates for physicians, dentists, outpatient hospitals, managed care organizations, and HCBS as well as both cuts or freezes in rates for inpatient hospitals and nursing facilities. There are 12 states that did not have Medicaid MCOs in operation in FY 2017; they are denoted as "--" in the MCO column. TBD: At the time of the survey, calendar year 2018 MCO rates had not been set for Illinois, Iowa, or New Mexico. FY 2018 rates had not been determined for several categories of providers in Ohio and Wisconsin. New Mexico reported that rate decisions would be made "as needed" during FY 2018.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2017.

TABLE 14: PROVIDER TAXES IN PLACE IN ALL 50 STATES AND DC, FY 2017 AND FY 2018

States	Hospitals		Intermediate Care Facilities		Nursing Facilities		Other	
	2017	2018	2017	2018	2017	2018	2017	2018
Alabama	X	X			X	X	X	X
Alaska								
Arizona	X	X			X	X		
Arkansas	X	X	X	X	X	X		
California	X	X	X	X	X	X	X	X
Colorado	X	X	X	X	X	X		
Connecticut	X	X	X	X	X	X	X	X
Delaware					X	X		
DC	X	X	X	X	X	X	X	X
Florida	X	X	X	X	X	X		
Georgia	X	X			X	X		
Hawaii	X	X			X	X		
Idaho	X	X	X	X	X	X		
Illinois	X	X	X	X	X	X		
Indiana	X	X	X	X	X	X		
Iowa	X	X	X	X	X	X		
Kansas	X	X			X	X		
Kentucky	X	X	X	X	X	X	X*	X*
Louisiana	X	X	X	X	X	X	X*	X*
Maine	X	X	X	X	X	X	X	X
Maryland	X	X	X	X	X	X	X	X
Massachusetts	X	X			X	X	X	X
Michigan	X	X			X	X		
Minnesota	X	X	X	X	X	X	X	X
Mississippi	X	X	X	X	X	X	X	X
Missouri	X	X	X	X	X	X	X*	X*
Montana	X	X	X	X	X	X		
Nebraska			X	X	X	X		
Nevada					X	X		
New Hampshire	X	X			X	X		
New Jersey	X	X	X	X	X	X	X*	X*
New Mexico							X*	X*
New York	X	X	X	X	X	X	X*	X*
North Carolina	X	X	X	X	X	X		
North Dakota			X	X				
Ohio	X	X	X	X	X	X	X	X
Oklahoma	X	X	X	X	X	X		
Oregon	X	X			X	X		X
Pennsylvania	X	X	X	X	X	X	X*	X*
Rhode Island	X	X			X	X	X	X
South Carolina	X	X	X	X				
South Dakota			X	X				
Tennessee	X	X	X	X	X	X	X	X*
Texas			X	X			X	X
Utah	X	X	X	X	X	X	X	X
Vermont	X	X	X	X	X	X	X*	X*
Virginia			X	X				
Washington	X	X	X	X	X	X		
West Virginia	X	X	X	X	X	X	X*	X*
Wisconsin	X	X	X	X	X	X	X	X
Wyoming	X	X			X	X		
Totals	42	42	36	36	44	44	24	25

NOTES: This table includes Medicaid provider taxes as reported by states. Some states also have premium or claims taxes that apply to managed care organizations and other insurers. Since this type of tax is not considered a provider tax by CMS, these taxes are not counted as provider taxes in this report. (*) has been used to denote states with multiple "other" provider taxes.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2017.

TABLE 15: BENEFIT CHANGES IN ALL 50 STATES AND DC, FY 2017 AND FY 2018

States	FY 2017		FY 2018	
	Enhancements/ Additions	Restrictions/ Eliminations	Enhancements/ Additions	Restrictions/ Eliminations
Alabama				
Alaska				
Arizona	X		X	
Arkansas		X		
California	X		X	
Colorado			X	
Connecticut		X		X
Delaware	X			
DC	X			
Florida				
Georgia				
Hawaii			X	
Idaho				
Illinois				
Indiana	X		X	
Iowa				
Kansas				
Kentucky				
Louisiana	X		X	
Maine				
Maryland	X		X	
Massachusetts	X		X	X
Michigan	X			
Minnesota	X			
Mississippi				
Missouri				
Montana				
Nebraska	X		X	
Nevada	X	X	X	X
New Hampshire	X		X	
New Jersey	X			
New Mexico	X			
New York			X	
North Carolina				
North Dakota				
Ohio	X		X	
Oklahoma	X	X		X
Oregon	X		X	
Pennsylvania				
Rhode Island	X			
South Carolina				
South Dakota	X			
Tennessee		X		
Texas	X			
Utah			X	X
Vermont	X			
Virginia	X		X	
Washington				
West Virginia	X		X	
Wisconsin	X			
Wyoming	X	X		
Totals	26	6	17	5

NOTES: States were asked to report benefit restrictions, eliminations, enhancements, and additions in FY 2017 and FY 2018. Home and community-based services (HCBS) and pharmacy benefit changes are excluded from this table.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2017.

TABLE 16: STATES REPORTING BENEFIT ACTIONS TAKEN IN FY 2017 AND FY 2018^{iv}

State	Fiscal Year	Benefit Changes
Arizona	2017	Adults (+): Add coverage for podiatry services (August 6, 2016). LTSS Adults (+): Add a \$1,000 per year dental benefit for MLTSS beneficiaries (October 1, 2016).
	2018	Adults (+): Add a \$1,000 per year benefit for emergency dental services (October 1, 2017). Adults (+): Add coverage of outpatient occupational therapy services (October 1, 2017).
Arkansas	2017	Expansion Adults (-): Eliminate non-emergency medical transportation coverage for expansion adults participating in Employer Sponsored Insurance feature of the Section 1115 waiver renewal (January 1, 2017).
California	2017	All (+): Restore acupuncture services (eliminated in 2009 for most populations excluding children, pregnant women, and nursing facility residents) (July 1, 2016). Pregnant Women (+): Add licensed midwives to the Comprehensive Perinatal Services Program (July 1, 2016).
	2018	All (nc): Reaffirm coverage of non-emergency medical transportation as provided in state law (July 1, 2017). Adults (+): Fully restore coverage for dental services (January 1, 2018).
Colorado	2018	Pregnant Women (+): Add coverage of up to three post-partum depression screenings in the first year following a child's birth (July 1, 2017). Adults (+): Add coverage for Physical Therapy/Occupational Therapy services above the 12-hour cap with prior authorization (November 1, 2017). Children (+): Restore coverage of routine circumcisions as an elective benefit.
Connecticut	2017	Children (-): Apply additional restrictions on coverage of sealants and filling restorations (September 1, 2016).
	2018	Adults (-): Apply annual cap on coverage for dental services (pending passage of FY 2018 state budget).
Delaware	2017	Non-expansion Beneficiaries (+): Add coverage of chiropractic services (July 1, 2017).
District of Columbia	2017	All (+): Add Health Home services ("My Health GPS") for beneficiaries with three or more chronic conditions (July 1, 2017).
Hawaii	2018	Adults (+): Expand mental health and substance abuse benefits including addition of intensive case management and tenancy supports for beneficiaries classified as chronically homeless (upon CMS approval).
Indiana	2017	All (+): Add coverage of physician-administered fluoride varnish (January 1, 2017). All (+): Expand coverage of tobacco dependence treatment (January 1, 2017).
	2018	Adults (+): Add coverage of chiropractic spinal manipulation for HIP Plus enrollees (February 1, 2018). All (+): Add coverage of new substance use disorder treatment services, including expanded inpatient detoxification, additional residential services, addiction-specific outpatient treatment services, peer recovery supports, and relapse prevention (February 1, 2018). Adults (+): Increase member incentives for healthy behaviors to \$200 per initiative, with a total of no more than \$300 annually for HIP Basic and HIP Plus enrollees (February 1, 2018).
Kansas	2017	Children (nc): Expand Autism-related services by moving three services from HCBS waiver coverage to State Plan coverage (January 1, 2017).

^{iv} Positive changes counted in this report are denoted with (+). Negative changes counted in this report are denoted with (-). Changes that were not counted as positive or negative in this report, but were mentioned by states in their responses, are denoted with (nc). Federally required changes are also denoted with (nc).

Kentucky	2018	All (nc): Expand non-emergency medical transportation services to include travel to pharmacies (July 1, 2017).
Louisiana	2017	Pregnant Women (+): Add coverage of mosquito repellent, when prescribed by a physician, for pregnant women and women trying to conceive as a Zika virus prevention measure (July 1, 2016). All (+): Add coverage of genetic testing for BRCA 1 and BRCA 2 breast cancer gene mutations (July 1, 2016). All (+): Expand coverage of breast reconstruction surgery to the contralateral unaffected breast for beneficiaries diagnosed with breast cancer (October 1, 2016).
	2018	All (+): Expand coverage of preventive services eligible for the one percent increase in federal match under Section 4106 of the ACA (May 1, 2017).
Maryland	2017	Children (nc): Add coverage for Applied Behavioral Analysis services for children with autism spectrum disorder to meet federal requirements (January 1, 2017). Foster Children (+): Expand coverage for dental services for former foster children up to age 26 (January 1, 2017).
	2018	Adults (+): Add substance use disorder residential treatment services (July 1, 2017). All (+): Add coverage of remote patient monitoring for beneficiaries who meet qualifying medical criteria (January 1, 2018).
Massachusetts	2017	All (+): Expand coverage of substance use disorder treatment services to include residential rehabilitation services and transitional support services (November 4, 2016).
	2018	Medicaid Expansion (-): Eliminate coverage of non-emergency transportation services, except for transportation to substance use disorder treatment services for Medicaid expansion beneficiaries (November 1, 2017). All (+): Add coverage of enhanced “flexible services” as an incentive for beneficiaries to enroll in an ACO (March 1, 2018).
Michigan	2017	Non-expansion Adults (+): Add coverage of preventive services assigned a grade A or B by the United States Preventive Services Task Force (USPSTF) (July 1, 2017).
Minnesota	2017	All (+): Add coverage of kidney transplants under Emergency Medical Assistance to eligible beneficiaries who are currently receiving dialysis services (July 1, 2016). All (+): Add coverage of gender confirmation surgery (January 1, 2017). All (+): Add coverage of community emergency medical technician services after discharge from a hospital or nursing home, and for safe home checks (January 1, 2017).
Nebraska	2017	Children (+): Add coverage for Multisystemic Therapy/Family Functional Therapy (July 1, 2016). All (+): Add coverage of telehealth services, including telemonitoring and originating site fee (January 1, 2017).
	2018	All (+): Add coverage of nutrition services (July 1, 2017). All (+): Add coverage of peer support services (July 1, 2017).
Nevada	2017	All (-): Reduce coverage of targeted case management services, to 10 hours in the initial month and five hours in the following three consecutive calendar months for adults without serious mental illness and children without serious emotional disturbance (February 23, 2017). All (+): Added coverage for paramedicine services (July 1, 2016).

	2018	<p>Non-expansion Beneficiaries (+): Add coverage of podiatry services (January 1, 2018).</p> <p>Non-expansion Beneficiaries (+): Add coverage of registered dietician services (July 1, 2017).</p> <p>Non-expansion Beneficiaries (+): Add coverage of home health durable medical equipment services (July 1, 2017).</p> <p>Non-expansion Beneficiaries (+): Add coverage of gender dysphoria services (January 1, 2018).</p> <p>Non-expansion Beneficiaries (-): Limit coverage of private duty nursing services and hospice services (July 1, 2017).</p> <p>Non-expansion Beneficiaries (-): Limit coverage of orthodontia services (July 1, 2017).</p> <p>Non-expansion Beneficiaries (-): Limit coverage of case management services with additional prior authorization requirements (July 1, 2017).</p> <p>All (+): Add coverage of one-year supply of birth control pills (July 1, 2017).</p>
New Hampshire	2017	Non-expansion Adults (+): Expand coverage of substance use disorder treatment services, to include assessment, outpatient services, residential treatment, opioid treatment programs, recovery support services, and recovery monitoring (July 1, 2016).
	2018	Children (+): Expand coverage of behavioral health services for children with serious emotional disturbance (January 1, 2018).
New Jersey	2017	Non-expansion Adults (+): Expand substance use disorder benefit to align with the state's Alternative Benefit Package for Medicaid expansion beneficiaries (July 1, 2016).
New Mexico	2017	<p>All (+): Add coverage of long-acting reversible contraception services as a separately billable service at FQHCs and RHCs (September 1, 2016).</p> <p>All (+): Add coverage of medication monitoring services by nurses and physician assistants (January 1, 2017).</p> <p>Pregnant Women (nc): Add coverage of licensed birthing centers as a new provider type to meet federal requirements (February 25, 2017).</p>
New York	2018	<p>Children (+): Add coverage of pasteurized donor human breast milk for infants <1500 grams (April 1, 2017).</p> <p>All (+): Add coverage of continuous glucose monitoring devices for beneficiaries with Type 1 diabetes (September 1, 2017).</p> <p>All (+): Add coverage of digital breast tomosynthesis (DBT) screening services (September 1, 2017 for FFS and November 1, 2017 for managed care).</p> <p>All (+): Add limited infertility benefit for women between the ages of 21 to 44 (September 1, 2017, pending CMS approval).</p>
North Dakota	2017	Children (nc): Add coverage for Applied Behavioral Analysis services for children with autism spectrum disorder to meet federal requirements (June 1, 2017).
Ohio	2017	All (+): Add coverage of acupuncture services (January 1, 2017).
	2018	<p>All (+): Expand coverage of behavioral health services to include assertive community treatment for adults, family counseling, intensive home-based treatment for youth at risk of out-of-home placement, and primary care services delivered by a behavioral health provider (January 1, 2018).</p> <p>All (+): Expand provider types who may provide acupuncture services (October 1, 2017).</p>
Oklahoma	2017	<p>Children (+): Mandate polycarbonate lenses for children (September 1, 2016).</p> <p>Pregnant Women (-): Limit high-risk obstetrical services, such as quantity limits on ultrasounds (September 1, 2016).</p> <p>All (+): Provide coverage of non-emergency medical transportation services for additional passengers (October 1, 2016).</p> <p>Children (+): Remove barriers to receiving school-based services for children with IEPs (November 1, 2016).</p>
	2018	Adults (-): Eliminate coverage of non-mandatory over-the-counter drugs (October 1, 2017).

Oregon	2017	<p>Adults (+): Restore previously cut restorative dental benefits (relaxed limitation criteria for dentures; coverage for crowns; scaling and planning) (July 1, 2016).</p> <p>Adults (+): Expand coverage for alternative back pain therapies including acupuncture, chiropractic manipulation, and yoga (July 1, 2016).</p> <p>Children (nc): Added coverage for Applied Behavioral Analysis services for children with autism spectrum disorder to meet federal requirements (July 1, 2016).</p> <p>All (+): Add coverage of pharmacist-prescribed oral contraceptives, as permitted under state law (January 1, 2017).</p>
	2018	<p>All (+): Add coverage of one-year supply of birth control pills and pharmacist-administered contraceptives (i.e., NuvaRing and Depo-Provera) (January 1, 2018).</p> <p>All (+): Add coverage of other pharmacist-prescribed medications (TBD), as permitted under state law (January 1, 2018).</p>
Rhode Island	2017	<p>All (+): Add coverage for home stabilization services.</p> <p>All (+): Add coverage for telehealth services in new managed care contracts.</p> <p>Adults (+): Implement the Sobering Treatment Opportunity Program (STOP), an ER diversion pilot in Providence that will cover an overnight stay and referral to appropriate counseling for beneficiaries with chronic alcohol dependence who are homeless.</p>
South Carolina	2018	<p>Children (nc): Add autism spectrum disorder services to the State Plan for eligible beneficiaries up to age 21 to meet federal requirements (July 1, 2017).</p>
South Dakota	2017	<p>Adults (+): Add coverage of genetic testing for BRCA breast cancer gene mutations (July 1, 2016).</p>
Tennessee	2017	<p>Adults (-): Limit Allergy Immunotherapy to clinical practice guidelines (July 1, 2016).</p>
Texas	2017	<p>Children (+): Add coverage for family therapy without the patient present as a benefit for children under age 21 (January 1, 2017).</p> <p>Children (+): Add coverage for Prescribed Pediatric Extended Care Centers for medically fragile children receiving extensive private duty nursing services at home, up to 12 hours (July 1, 2017).</p>
Utah	2018	<p>All (+): Add coverage of screening, brief intervention, and referral to treatment services (July 1, 2017).</p> <p>Aged, Blind or Disabled (+): Add coverage of dental services for the blind and disabled (July 1, 2017).</p> <p>Adults (-): Eliminate EPSDT coverage for parents and childless adults age 19 to 20 (effective the later of January 1, 2018, or upon CMS approval).</p>
Vermont	2017	<p>All (+): Allow licensed dental hygienists to bill Medicaid directly (July 1, 2016).</p>
Virginia	2017	<p>All (+): Expand coverage of addiction recovery treatment services, including residential treatment, day treatment/partial hospitalization, intensive outpatient treatment, medication-assisted treatment, substance use case management, inpatient detoxification, inpatient substance use disorder treatment, and residential or inpatient substance use disorder treatment in an institution of mental disease with greater than 16 beds (April 1, 2017).</p> <p>All (+): Add coverage of lung cancer screening with low dose computed tomography without prior authorization (January 1, 2017).</p>
	2018	<p>Traditional Beneficiaries (+): Add coverage for peer support services for beneficiaries with serious mental illnesses and/or substance use disorders (July 1, 2017).</p> <p>Limited Adult Coverage Group (+): Expand coverage of addiction recovery and treatment services and add coverage for peer support services for beneficiaries with serious mental illnesses and/or substance use disorders (October 1, 2017).</p>
West Virginia	2017	<p>All (+): Expand coverage of Hepatitis C antiviral agents with a revised clinical policy (April 1, 2017).</p>

	2018	All (+): Expand coverage of substance use disorder services, including services provided by institutions for mental disease, peer recovery support services, and Naloxone treatment (January 1, 2018).
Wisconsin	2017	All (+): Add licensed midwives as an allowable Medicaid provider (January 1, 2017). All (+): Add coverage of residential substance abuse treatment through comprehensive community service programs (May 1, 2017).
Wyoming	2017	All (+): Add coverage for dietician services (July 1, 2016). Aged, Blind and Disabled (-): Reduce nursing facility bed-hold days (October 1, 2016). Aged, Blind and Disabled (-): Limit behavioral health, therapy, and home health services by imposing soft caps (January 1, 2017). Adults (-): Eliminate coverage of dental services.

TABLE 17: COPAYMENT ACTIONS TAKEN IN THE 50 STATES AND DC, FY 2017 AND FY 2018^v

State	Fiscal Year	Copayment Changes
Colorado	2018	Increase: Increase pharmacy copayment to \$3.00 per prescription for all non-exempt eligibility groups (1/1/2018). Increase: Double the hospital outpatient copayments for all non-exempt eligibility groups (1/1/2018).
Delaware	2018	Decrease: Treatment of pre-eligibility medical expenses in determining post eligibility cost of care contribution for LTSS population; “look-back” period expanded from 30 days to 90 days. Potential to reduce the monthly “patient pay” amount (effective date dependent on SPA approval).
Indiana	2018	Decrease (for HIP 2.0 expansion population): Eliminating the graduated copayment for non-emergent ER use (2/1/2018).
Maine	2018	New: Maine’s Section 1115 waiver would impose a copay on all populations for non-emergent use of the ED. (Dual eligibles, those in institutions and a few other groups are exempt.)
Michigan	2017	Increase (for adult enrollees with incomes between 100% and 133% FPL): Increase in prescription, hospital, and office visit copays. Copays were doubled (4/1/2017).
New Hampshire	2018	Increase (for adult enrollees with incomes between 100% and 133% FPL): Increase in Copayments for Inpatient Hospital, Primary and BH Care, Imaging, X-rays, and PT/OT Services (1/1/2018).
New Mexico	2018	New (for most populations): Copays for brand-name prescriptions when there is a less expensive generic equivalent medicine available (1/1/2018). New (for most populations): Copays for non-emergency use of the emergency department (1/1/2018). New (for Working Disabled, Adult expansion group with income above 100% FPL): New copayments for outpatient office visits (excluding behavioral health), inpatient stays, outpatient surgeries, and pharmacy (1/1/2018).
North Dakota	2017	Elimination (for all Medicaid groups): Higher copayment for non-emergency use of the ER was eliminated (1/1/2017).
Oregon	2017	Elimination (for all Medicaid groups): Copayments were eliminated for preventive services, office visits, and pharmacy (1/1/2017).
Tennessee	2017	Decrease (for waiver-eligible children): Copayment for non-emergency use of the ER was reduced from \$10 to \$8.20 (12/16/2016).
Utah	2018	Decrease: Inpatient copayments will be reduced to comply with federal maximum (date TBD). Increase: Outpatient copayments are being increased for all but children and pregnant women (date TBD). Increase (for current enrollees and childless adults): Establish a \$25 copay for non-emergency use of the ER (1/1/18). Increase: Increase pharmacy copayments.
Vermont	2017	Decrease: Remove copays for sexual assault-related services for all Medicaid groups (10/1/2016).
West Virginia	2018	Neutral: Changing from a tiered copayment based on cost to \$1 generic and \$3 brand (date TBD).

^v New copayments as well as new requirements such as making copayments enforceable are denoted as (New). Increases in existing copayments are denoted as (Increase), while decreases are denoted as (Decrease), neutral changes from the beneficiary’s perspective are denoted as (Neutral), and eliminations are denoted as (Elimination).

TABLE 18: MEDICAID FFS PHARMACY BENEFIT MANAGEMENT STRATEGIES FOR OPIOIDS IN ALL 50 STATES AND DC, IN PLACE IN FY 2017 AND ACTIONS TAKEN IN FY 2018

States	Opioid Quantity Limits		Clinical Edits in Claim System		Opioid Step Therapy Requirements		Other Prior Authorization Requirements for Opioids		Required use of Prescription Drug Monitoring Programs		Any Opioid Management Strategies	
	In place FY 2017	New/Exp FY 2018	In place FY 2017	New/Exp FY 2018	In place FY 2017	New/Exp FY 2018	In place FY 2017	New/Exp FY 2018	In place FY 2017	New/Exp FY 2018	In place FY 2017	New/Exp FY 2018
Alabama	X		X		X		X		X		X	
Alaska	X		X							X*	X	X
Arizona	X	X	X		X		X	X	X		X	X
Arkansas	X	X	X	X			X				X	X
California	X	X					X			X*	X	X
Colorado	X		X		X		X				X	
Connecticut	X		X						X		X	
Delaware	X		X		X			X*	X		X	X
DC	X	X	X			X*			X		X	X
Florida	X	X	X	X	X	X		X*			X	X
Georgia	X		X	X	X						X	X
Hawaii		X*										X*
Idaho	X	X	X	X	X		X				X	X
Illinois	X		X				X		X		X	
Indiana	X		X		X				X		X	
Iowa	X	X	X	X	X	X		X*	X		X	X
Kansas	X	X	X				X	X	X		X	X
Kentucky	X	X	X	X	X		X		X		X	X
Louisiana	X	X	X	X			X	X	X	X	X	X
Maine	X		X		X		X		X		X	
Maryland	X	X		X*			X	X		X*	X	X
Massachusetts	X		X		X		X	X	X		X	X
Michigan	X	X	X	X	X		X			X*	X	X
Minnesota	X	X	X		X		X	X			X	X
Mississippi	X	X	X	X			X	X			X	X
Missouri	X	X	X	X	X						X	X
Montana	X	X	X	X	X		X	X			X	X
Nebraska	X		X		X		X				X	
Nevada	X		X		X					X*	X	X
New Hampshire	X		X		X		X		X		X	
New Jersey	X		X								X	
New Mexico	X								X		X	
New York	X		X	X	X		X		X		X	X
North Carolina	X	X	X	X	X	X			X	X	X	X
North Dakota	X	X	X	X	X	X	X	X	X		X	X
Ohio	X	X	X	X	X		X	X	X		X	X
Oklahoma	X		X		X		X		X		X	
Oregon	X	X	X	X	X	X		X*	X		X	X
Pennsylvania	X	X	X	X			X	X	X		X	X
Rhode Island		X*	X	X	X	X	X	X		X*	X	X
South Carolina	X		X	X	X		X		X		X	X
South Dakota	X		X		X		X				X	
Tennessee	X	X	X	X	X		X	X	X		X	X
Texas	X	X	X		X			X*			X	X
Utah	X		X		X						X	
Vermont	X		X		X		X	X	X		X	X
Virginia	X	X	X	X			X		X	X	X	X
Washington		X*	X								X	X
West Virginia	X		X		X		X		X		X	
Wisconsin	X	X	X				X		X		X	X
Wyoming	X	X	X		X						X	X
Totals	48	29	46	22	34	7	32	19	28	9	50	37

NOTES: States were asked to report whether they had select pharmacy benefit management strategies in place in their FFS programs in FY 2017, and/or had plans to adopt or expand these strategies in FY 2018. "*" indicates that a policy was newly adopted in FY 2018, meaning that the state did not have any policy in that category/column in place in FY 2017.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2017.

TABLE 19: MEDICAID FFS PHARMACY BENEFIT MANAGEMENT STRATEGIES FOR NALOXONE IN ALL 50 STATES AND DC, IN PLACE IN FY 2017 AND ACTIONS TAKEN IN FY 2018

States	Naloxone Available – At Least One Formulation Without PA		Naloxone Nasal Spray Covered Without PA		Naloxone Nasal Atomizer Covered Without PA		Naloxone Auto-Injectors Covered Without PA		Naloxone Covered for Family/Friends Obtaining Scripts on Enrollee's Behalf		Any Naloxone Strategies	
	In place FY 2017	New/Exp in FY 2018	In place FY 2017	New/Exp in FY 2018	In place FY 2017	New/Exp in FY 2018	In place FY 2017	New/Exp in FY 2018	In place FY 2017	New/Exp in FY 2018	In place FY 2017	New/Exp in FY 2018
Alabama	X		X								X	
Alaska	X		X		X						X	
Arizona	X		X						X		X	
Arkansas	X										X	
California	X		X								X	
Colorado	X		X		X						X	
Connecticut	X		X		X		X				X	
Delaware	X										X	
DC		X*										X
Florida	X		X		X		X				X	
Georgia	X										X	
Hawaii												
Idaho	X		X						X		X	
Illinois												
Indiana	X		X		X				X		X	
Iowa	X		X		X						X	
Kansas	X		X								X	
Kentucky	X		X						X		X	
Louisiana	X		X		X		X				X	
Maine												
Maryland	X		X		X		X				X	
Massachusetts	X		X		X				X		X	
Michigan	X		X						X		X	
Minnesota	X		X		X		X				X	
Mississippi	X		X								X	
Missouri	X		X	X							X	X
Montana	X		X								X	
Nebraska	X		X								X	
Nevada	X		X		X		X		X		X	
New Hampshire	X		X				X				X	
New Jersey	X		X		X		X		X		X	
New Mexico	X		X		X		X		X		X	
New York	X		X				X				X	
North Carolina	X	X	X								X	X
North Dakota	X		X								X	
Ohio	X		X								X	
Oklahoma	X		X								X	
Oregon	X		X		X						X	
Pennsylvania	X		X		X						X	
Rhode Island	X		X		X						X	
South Carolina	X		X		X						X	
South Dakota	X		X								X	
Tennessee												
Texas	X		X						X		X	
Utah	X		X								X	
Vermont	X		X		X						X	
Virginia	X		X								X	
Washington	X		X		X						X	
West Virginia	X		X								X	
Wisconsin	X		X						X		X	
Wyoming	X				X						X	
Totals	46	2	42	1	20	0	10	0	11	0	46	3

NOTES: States were asked to report whether they had select pharmacy benefit management strategies in place in their FFS programs in FY 2017, and/or had plans to adopt or expand these strategies in FY 2018. "*" indicates that a policy was newly adopted in FY 2018, meaning that the state did not have any policy in that category/column in place in FY 2017. Three states (LA, MD, and MN) reported ending coverage of naloxone auto-injectors in FY 2018 and one state (NV) changed to non-preferred status.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2017.