

TABLE 1: CHANGES TO ELIGIBILITY STANDARDS IN ALL 50 STATES AND DC, FY 2018 AND FY 2019

Eligibility Standard Changes						
States	FY 2018			FY 2019		
	(+)	(-)	(#)	(+)	(-)	(#)
Alabama					X	
Alaska						
Arizona						
Arkansas	X	X	X			
California						
Colorado	X					
Connecticut		X		X		
Delaware	X					
DC						X
Florida					X	
Georgia						
Hawaii						
Idaho	X					
Illinois						
Indiana		X	X		X	
Iowa		X		X		
Kansas						
Kentucky					X	
Louisiana						
Maine				X	X	
Maryland				X		
Massachusetts					X	
Michigan					X	
Minnesota						
Mississippi						
Missouri	X			X		
Montana						
Nebraska						
Nevada						
New Hampshire					X	
New Jersey				X		
New Mexico		X			X	
New York			X			
North Carolina						
North Dakota						
Ohio					X	
Oklahoma						
Oregon						
Pennsylvania	X					
Rhode Island						
South Carolina	X					
South Dakota					X	
Tennessee						
Texas						
Utah	X	X				
Vermont	X					
Virginia	X			X		
Washington						
West Virginia						
Wisconsin						
Wyoming						
Totals	10	6	3	7	11	1

NOTES: From the beneficiary's perspective, eligibility expansions or policies likely to increase Medicaid enrollment are denoted with (+), eligibility restrictions or policies likely to decrease enrollment are denoted with (-), and neutral changes are denoted with (#). This table captures eligibility changes that states have implemented or plan to implement in FY 2018 or FY 2019, including changes that are part of pending Section 1115 waivers. For pending waivers, only provisions planned for implementation before the end of FY 2019 (according to waiver application documents and/or interviews with state Medicaid staff) are counted in this table. Waiver provisions in pending waivers that states plan to implement *in FY 2020 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 2018.

Table 2: States Reporting Eligibility¹ and/or Premium² Changes in FY 2018 and FY 2019³

State	Fiscal Year	Eligibility Changes
Alabama	2019	Parents & Caretaker Relatives (-): Pending Section 1115 Waiver: Add a work/community engagement requirement for non-disabled, non-pregnant individuals under age 60 (75,000 individuals).
Arkansas	2018	Expansion Adults (-) Approved Sec. 1115 Waiver: Limit retroactive coverage from 90 to 30 days. Expansion Adults (-) Approved Sec. 1115 Waiver: Work requirement for expansion adults (40,000 individuals) (first case closures occurred 9/1/2018). Expansion Adults (#) Approved Sec. 1115 Waiver: End premium assistance program for employer sponsored insurance and transition individuals to QHP coverage (40 individuals). Children and Pregnant Women (+): Implement the CHIPRA option to eliminate the 5-year waiting period on Medicaid eligibility for lawfully-residing immigrant children and pregnant women.
Colorado	2018	Aged & Disabled (+): Medicaid buy-in option for individuals in support living services, spinal cord injury, & brain injury waivers (40 individuals).
Connecticut	2018	Parents & Caretaker Relatives (-): Reduce the income threshold for Husky A from 155% FPL to 138% FPL (12,000 individuals).
	2019	Parents & Caretaker Relatives (+): Increase the income threshold for Husky A from 138% FPL to 155% FPL (12,000 individuals).
Delaware	2018	Former Foster Youth (+) Approved Sec. 1115 Waiver: Add coverage for individuals who were in foster care and on Medicaid in another state at the time they aged out of the foster care system (under age 26 and under 133% FPL) (3 individuals).
District of Columbia	2019	Medically Needy (#): Clarification of Medically Needy eligibility criteria (with regard to countable medical expenditures) (7,000 individuals).
Florida	2019	Non-Pregnant Adults (-): Pending Sec. 1115 Waiver: Discontinue retroactive eligibility beyond the current application month.
Idaho	2018	Children (+): Cover children with serious emotional disturbance (SED) in families with income between 185% and 300% FPL (SED YES program) (2,000 to 10,000 children).
	2019	Premiums (New): Children enrolled in the 1915(i) SED YES program will be subject to a premium in early 2019.
Indiana	2018	Expansion Adults (-) Approved Sec. 1115 Waiver: Three-month lock-out of coverage following a 90-day period of disenrollment for failure to comply with redetermination. Expansion Adults (#) Approved Sec. 1115 Waiver: End HIP Link premium assistance program for employer-sponsored insurance (enrollees will be moved to other HIP 2.0 coverage). Parents & Caretaker Relatives (#) Approved Sec. 1115 Waiver: Transitional Medical Assistance (TMA) is now for families in which a qualified HIP low-income parent/caretaker would otherwise fail financial eligibility due to new or increased

¹Positive 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 (#).

² New premiums are denoted as (New). Changes to premium policies that have a neutral impact from the beneficiary's perspective are denoted as (Neutral).

³ This table captures eligibility and premium changes that states have implemented or plan to implement in FY 2018 or 2019, including changes that are part of pending Section 1115 waivers. For pending waivers, only provisions planned for implementation before the end of FY 2019 (according to the state or waiver application documents) are counted in this table. Waiver provisions in pending waivers that states plan to implement in FY 2020 or after are not counted here.

		<p>earned income from a job or from self-employment exceeding the 133% FPL MAGI income limit.</p> <p>Premiums (Neutral) for Expansion and Other Adults Approved Sec. 1115 Waiver: Monthly POWER Account contributions are now tiered based on income. The tiered amounts, effective January 1, 2018, are \$1.00, \$5.00, \$10.00, \$15.00, and \$20.00.</p>
	2019	<p>Expansion and Other Adults (-) Approved Sec. 1115 Waiver: Work/community engagement requirement, phased implementation beginning 1/1/2019.</p> <p>Premiums (New) for Expansion Population Approved Sec. 1115 Waiver: Add a 50% premium surcharge for tobacco users beginning in the second year of enrollment.</p>
Iowa	2018	<p>All Groups but Pregnant Women and Children Under Age 1 (-) Approved Sec. 1115 Waiver: Eliminate retroactive eligibility.</p>
	2019	<p>Nursing Facility Residents (+): Reinstate 3-month retroactive eligibility for Medicaid-eligible nursing facility residents, effective July 1, 2018.</p> <p>Premiums (New) Approved Section 1115 Waiver: Adults must complete healthy behaviors (preventive dental visit and health risk assessment) or pay a \$3 monthly premium for the Dental Wellness Plan.</p>
Kentucky	2019	<p>Expansion Adults and Parents/Caretakers (-) Sec. 1115 Waiver Approval Set Aside by Court, CMS Reconsidering:⁴ Work/community engagement requirement.</p> <p>Expansion Adults and Parents/Caretakers (-) Sec. 1115 Waiver Approval Set Aside by Court, CMS Reconsidering: Eliminate retroactive eligibility.</p> <p>Expansion Adults and Parents/Caretakers (-) Sec. 1115 Waiver Approval Set Aside by Court, CMS Reconsidering: Reasonable promptness waiver to delay coverage until the first day of the first month following receipt of the required premium.</p> <p>Expansion Adults and Parents/Caretakers (-) Sec. 1115 Waiver Approval Set Aside by Court, CMS Reconsidering: Disenrollment and lock-out of coverage if renewal is not completed timely.</p> <p>Expansion Adults and Parents/Caretakers (-) Sec. 1115 Waiver Approval Set Aside by Court, CMS Reconsidering: Disenrollment and lock-out of coverage if changes affecting eligibility are not reported timely.</p> <p>Expansion Adults (-) Sec. 1115 Waiver Approval Set Aside by Court, CMS Reconsidering: Disenrollment and lock-out of coverage for non-payment of premiums.</p> <p>Premiums (New) for Expansion Adults and Parents/Caretakers Sec. 1115 Waiver Approval Set Aside by Court, CMS Reconsidering: Up to 4% of income but at least \$1.</p>
Maine	2019	<p>Adults (-) Pending Sec. 1115 Waiver: Add a work requirement for many groups of traditional adults. Those who do not comply with work requirement would be limited to no more than 3 months coverage 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>

⁴ A court order issued on June 29, 2018 vacated the CMS approval of the Kentucky HEALTH waiver and remanded it to CMS for reconsideration regarding how the waiver would meet the medical assistance objectives of the Medicaid statute. At the time of the survey, the waiver remained under consideration at CMS.

		<p>Expansion Adults (+): Implement ACA Medicaid expansion (approved by referendum in November 2017) via a SPA.⁵</p> <p>Premiums (New) for Adults Ages 19 to 64 Pending Sec 1115 Waiver: Premiums of between \$10 and \$40 per month, not to exceed 2% of income.</p>
Maryland	2019	<p>Adults (+): Increased income threshold for limited family planning benefit from 200% FPL to 250% FPL, remove age limit, and expanded coverage to include men. Switched from 1115 to SPA authority (9,000 individuals).</p>
Massachusetts	2019	<p>Adults (-) Approved Sec. 1115 Waiver: Eliminate 90-day period of provisional eligibility for adults under age 65 without verified income. The following groups will continue to be eligible for 90-day provisional eligibility pending verification of income: (1) pregnant women with self-attested MAGI income less than or equal to 200% FPL; (2) individual with HIV-positive status with self-attested MAGI income less than or equal to 200% FPL; or (3) individual in active treatment for breast or cervical cancer with self-attested MAGI income less than or equal to 250% FPL. (135,000).⁶</p>
Michigan	2019	<p>Expansion Adults 100-138% FPL (-) Pending Sec. 1115 Waiver: Disenroll individuals for non-payment of required premiums after reaching 48 months of cumulative Healthy Michigan Plan eligibility.</p> <p>Expansion Adults 100-138% FPL (-) Pending Sec. 1115 Waiver: Disenroll individuals for failure to complete an annual healthy behavior requirement after reaching 48 months of cumulative Healthy Michigan Plan eligibility.</p> <p>Premiums (Increased) Pending Sec. 1115 Waiver: Require premium of 5% of income for expansion population with incomes between 100% and 133% FPL.</p>
Missouri	2018	<p>Aged & Disabled (+): Asset limit increase (phased increase from FY 2018 through FY 2022) (2,865 individuals).</p>
	2019	<p>Aged & Disabled (+): Asset limit increase (phased increase from FY 2018 through FY 2022) (992 individuals)</p>
New Hampshire	2019	<p>Expansion Adults (-): Approved Sec. 1115 Waiver: Work/community engagement requirement for expansion population, implementation beginning 1/1/2019.</p> <p>Expansion Adults (-): Approved Sec. 1115 Waiver: Eliminate retroactive eligibility for expansion population.</p>
New Jersey	2019	<p>Family Planning Enrollees (+): Expansion of family planning to cover men and women ages 19 to 65 between 138% and 205% FPL (over 30,000 individuals).</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>
	2019	<p>Family Planning (-) Pending Sec. 1115 Waiver: Limit family planning to age 51 and under (or under 65 with Medicare) (15,200 individuals).</p> <p>Most Managed Care Members (-) Pending 1115 waiver: Limit retroactive Medicaid to one month for most managed care members (8,000 individuals).</p> <p>Expansion Adults (-): Pending Sec. 1115 Waiver: Reasonable promptness waiver to delay coverage until the first day of the first month following receipt of the required premium (pending CMS approval of proposed premiums).</p> <p>Expansion Adults (-): Pending Sec. 1115 Waiver: Disenrollment and lock-out of coverage for non-payment of premiums.</p> <p>Transitional Medical Assistance Parents/Caretakers (-): Pending Sec. 1115 Waiver: Eliminate TMA coverage pathway for parents/caretakers.</p>

⁵ After failing to meet the SPA submission deadline (April 3, 2018), Maine's Governor complied with a Maine Supreme Judicial Court order to submit an expansion SPA on September 4, 2018. However, he also sent a letter to the federal government asking CMS to reject the SPA. Expansion has not yet been implemented as of the time of this survey.

⁶ Massachusetts' pending amendment would remove an existing waiver provision that allows it to enroll expansion adults and other populations in coverage during a 90-day provisional eligibility period while income verification is pending.

		Premiums for Expansion Adults above 100% FPL (New) Pending Sec. 1115 Waiver: New monthly premiums, which could be lowered under provisions of the healthy behavior incentive program.
New York	2018	Former Foster Youth (#): Eliminate coverage category for individuals under age 26 who were in foster care and on Medicaid in another state at the time they aged out of the foster care system (0 individuals in this category).
Ohio	2019	Expansion Adults (-): Pending Sec. 1115 Waiver: Work/community engagement requirement for Group VIII (expansion) MAGI adults (701,707 individuals).
Pennsylvania	2018	Children Under Age 4 (+): Continuous eligibility (7,746 children).
South Carolina	2018	Children & Pregnant Women (+): Implemented the CHIPRA option to eliminate the 5-year waiting period on Medicaid eligibility for lawfully-residing immigrant children and pregnant women.
South Dakota	2019	Adults in Minnehaha and Pennington Counties (-): Pending Sec. 1115 Waiver: Work/community engagement requirement, with offer of 12 months TMA and an additional 12 months premium assistance to individuals who continue to meet the work requirement but whose income increases above the Medicaid eligibility limit as a result of meeting the requirement (1,300 individuals).
Utah	2018	Parents & Caretakers (+): Increased the Basic Maintenance Standard to 55% FPL (3,000 individuals). Adults (+) Approved 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 (2,800 individuals). Adults (-) Approved Sec. 1115 Waiver: Eliminate retroactive eligibility for Primary Care Network (PCN) adults. Adults (+) Approved Sec. 1115 Waiver: Twelve months continuous eligibility for targeted childless adult population.
Vermont	2018	Aged & Disabled (+): Increased asset level for Working People with Disabilities program (from \$5,000 to \$10,000 for an individual and from \$6,000 to \$15,000 for a couple) (70 individuals).
Virginia	2018	Disabled (+) Approved Sec. 1115 Waiver: Increased eligibility from 80% to 100% FPL for waiver services for people with serious mental illness (GAP waiver program, full restoration to pre-2016 level) (2,000 adults with SMI).
	2019	Expansion Adults (+): ACA expansion of eligibility to non-caretaker, low-income adults between 0% and 138% of FPL (400,000 individuals).

TABLE 3: CORRECTIONS-RELATED ENROLLMENT POLICIES IN ALL 50 STATES AND DC, IN PLACE IN FY 2018 AND ACTIONS TAKEN IN FY 2019

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 2018	New or Expanded FY 2019	In place FY 2018	New or Expanded FY 2019	In place FY 2018	New or Expanded FY 2019	In place FY 2018	New or Expanded FY 2019	In place FY 2018	New or Expanded FY 2019	In place FY 2018	New or Expanded FY 2019
Alabama	X		X		X		X		X		X	
Alaska	X		X		X		X		X		X	
Arizona	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									
Hawaii			X				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*		X			
Kentucky	X	X	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		X	
Massachusetts	X		X		X		X		X		X	
Michigan	X		X		X		X		X		X	
Minnesota	X		X									
Mississippi			X				X				X	
Missouri	X		X		X		X					
Montana	X		X		X		X		X		X	
Nebraska	X		X						X		X	
Nevada			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	
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	
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	X		
Utah	X		X		X	X		X				
Vermont	X		X		X		X					
Virginia	X		X		X		X		X		X	
Washington	X		X		X		X		X		X	
West Virginia	X		X		X		X		X		X	
Wisconsin	X		X		X		X					
Wyoming												
Totals	42	1	48	1	32	5	38	4	35	2	37	1

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 2019, meaning that the state did not have any policy in that category/column in place in FY 2018. N/A: The District of Columbia has jails but no prisons (however, individuals returning to DC from federal prisons may be placed in residential re-entry centers and have the opportunity to apply for Medicaid from there in order to attain 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 2018.

TABLE 4: SHARE OF THE MEDICAID POPULATION COVERED UNDER DIFFERENT DELIVERY SYSTEMS IN ALL 50 STATES AND DC, AS OF JULY 1, 2018

States	Type(s) of Managed Care In Place	Share of Medicaid Population in Different Delivery Systems		
		MCO	PCCM	FFS / Other
Alabama	PCCM	--	93.5%	6.5%
Alaska	FFS	--	--	100.0%
Arizona	MCO	93.0%	--	7.0%
Arkansas*	PCCM	--	NR	NR
California	MCO and PCCM*	83.0%	--	17.0%
Colorado	MCO and PCCM*	10.1%	89.9%	0.0%
Connecticut	FFS*	--	--	100.0%
Delaware	MCO	97.0%	--	3.0%
DC	MCO	77.0%	--	23.0%
Florida	MCO	92.0%	--	8.0%
Georgia	MCO	83.0%	--	17.0%
Hawaii	MCO	99.9%	--	0.1%
Idaho*	PCCM	--	92.0%	8.0%
Illinois	MCO	80.0%	--	20.0%
Indiana	MCO	84.0%	--	16.0%
Iowa	MCO	92.6%	--	7.4%
Kansas	MCO	95.0%	--	5.0%
Kentucky	MCO	91.0%	--	9.0%
Louisiana	MCO	91.2%	--	8.8%
Maine	PCCM	--	50.0%	50.0%
Maryland	MCO	86.0%	--	14.0%
Massachusetts	MCO and PCCM	43.0%	25.0%	32.0%
Michigan	MCO	77.6%	--	22.4%
Minnesota	MCO	84.0%	--	16.0%
Mississippi	MCO	65.0%	--	35.0%
Missouri	MCO	76.0%	--	24.0%
Montana	PCCM	--	73.0%	27.0%
Nebraska	MCO	99.7%	--	0.4%
Nevada	MCO	79.0%	--	21.0%
New Hampshire*	MCO	73.8%	--	3.9%
New Jersey	MCO	95.0%	--	5.0%
New Mexico	MCO	90.1%	--	9.9%
New York	MCO	77.2%	--	22.8%
North Carolina	PCCM	--	90.0%	10.0%
North Dakota	MCO* and PCCM	22.0%	NR	NR
Ohio	MCO	89.5%	--	10.5%
Oklahoma	PCCM	--	74.9%	25.1%
Oregon	MCO*	93.0%	--	7.0%
Pennsylvania	MCO	84.6%	--	15.4%
Rhode Island	MCO	91.0%	--	9.0%
South Carolina	MCO*	77.0%	--	23.0%
South Dakota	PCCM	--	80.0%	20.0%
Tennessee	MCO	100.0%	--	0.0%
Texas	MCO	94.0%	--	6.0%
Utah	MCO	80.2%	--	19.9%
Vermont	PCCM	--	63.0%	37.0%
Virginia	MCO	95.0%	--	5.0%
Washington	MCO and PCCM	92.0%	2.0%	6.0%
West Virginia	MCO	80.0%	--	20.0%
Wisconsin	MCO	67.0%	--	33.0%
Wyoming	FFS	--	--	100.0%

NOTES: NR - not reported. 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 three 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. *ND's total MCO penetration rate estimated from ND DHS Quarterly Budget Insight data for quarter ending 6/30/2018. *NH - 22.3% of overall population and 77% 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.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2018.

TABLE 5: ENROLLMENT OF SPECIAL POPULATIONS UNDER MEDICAID MANAGED CARE CONTRACTS FOR ACUTE CARE IN ALL 50 STATES AND DC, AS OF JULY 1, 2018

States	Non-Dual, Non-LTSS Populations				Non-Dual LTSS populations			Duals
	Pregnant Women	Foster Children	CSHCNs	Persons with SMI/SED	Persons with ID/DD	Persons w/ physical disabilities	Seniors	
Alabama	--	--	--	--	--	--	--	--
Alaska	--	--	--	--	--	--	--	--
Arizona	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Arkansas	--	--	--	--	--	--	--	--
California	Mandatory	Varies	Mandatory	Mandatory	Varies	Varies	Varies	Varies
Colorado	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary
Connecticut	--	--	--	--	--	--	--	--
Delaware	Mandatory	Mandatory	Mandatory	Mandatory	Varies	Mandatory	Mandatory	Varies
DC	Mandatory	Varies	Voluntary	Varies	Excluded	Varies	Excluded	Varies
Florida	Mandatory	Mandatory	Mandatory	Mandatory	Voluntary	Mandatory	Mandatory	Mandatory
Georgia	Mandatory	Mandatory	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded
Hawaii	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Idaho	--	--	--	--	--	--	--	--
Illinois	Mandatory	Excluded	Varies	Varies	Varies	Varies	Varies	Varies
Indiana	Mandatory	Voluntary	Mandatory	Mandatory	Excluded	Excluded	Excluded	Excluded
Iowa	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Kansas	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Kentucky	Mandatory	Mandatory	Mandatory	Mandatory	Excluded	Excluded	Excluded	Varies
Louisiana	Mandatory	Mandatory	Mandatory	Varies	Varies	Varies	Varies	Excluded
Maine	--	--	--	--	--	--	--	--
Maryland	Mandatory	Mandatory	Varies	Varies	Varies	Varies	Excluded	Excluded
Massachusetts	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary
Michigan	Mandatory	Mandatory	Mandatory	Mandatory	Varies	Varies	Varies	Voluntary
Minnesota	Mandatory	Voluntary	Voluntary	Varies	Voluntary	Voluntary	Mandatory	Varies
Mississippi	Mandatory	Voluntary	Voluntary	Varies	Excluded	Excluded	Excluded	Excluded
Missouri	Mandatory	Mandatory	Varies	Varies	Excluded	Excluded	Excluded	Excluded
Montana	--	--	--	--	--	--	--	--
Nebraska	Mandatory	Mandatory	Mandatory	Varies	Mandatory	Mandatory	Mandatory	Mandatory
Nevada	Mandatory	Voluntary	Voluntary	Voluntary	Excluded	Excluded	Excluded	Excluded
New Hampshire	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
New Jersey*	Mandatory	Mandatory	Mandatory	Mandatory	Varies	Mandatory	Voluntary	Mandatory
New Mexico	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
New York	Mandatory	Varies	Mandatory	Mandatory	Excluded	Mandatory	Mandatory	Excluded
North Carolina	--	--	--	--	--	--	--	--
North Dakota	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded
Ohio	Mandatory	Mandatory	Mandatory	Mandatory	Varies	Varies	Varies	Varies
Oklahoma	--	--	--	--	--	--	--	--
Oregon	Mandatory	Varies	Mandatory	Mandatory	Varies	Mandatory	Mandatory	Voluntary
Pennsylvania	Mandatory	Mandatory	Mandatory	Mandatory	Varies	Varies	Varies	Varies
Rhode Island	Mandatory	Mandatory	Mandatory	Mandatory	Voluntary	Voluntary	Voluntary	Varies
South Carolina	Mandatory	Voluntary	Varies	Varies	Varies	Varies	Excluded	Varies
South Dakota	--	--	--	--	--	--	--	--
Tennessee	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Texas	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Varies
Utah	Mandatory	Varies	Mandatory	Mandatory	Varies	Varies	Varies	Varies
Vermont	--	--	--	--	--	--	--	--
Virginia	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Washington	Mandatory	Voluntary	Mandatory	Mandatory	Varies	Mandatory	Varies	Varies
West Virginia	Mandatory	Excluded	Varies	Varies	Excluded	Excluded	Excluded	Excluded
Wisconsin	Mandatory	Varies	Varies	Varies	Voluntary	Mandatory	Varies	Varies
Wyoming	--	--	--	--	--	--	--	--
Mandatory	36	22	25	23	10	17	15	11
Voluntary	2	8	6	3	6	4	4	4
Varies	0	6	6	11	13	10	9	14
Excluded	1	3	2	2	10	8	11	10

NOTES: "--" indicates there were no MCOs operating in that state's Medicaid program as of July 1, 2018. I/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 "Mandatory," "Voluntary," "Varies," or if the group is "Excluded" from MCOs as of July 1, 2018. *NJ: Nursing facility residents as of July 1, 2014 were grandfathered and remain excluded from MCO enrollment unless they experience a change in eligibility status or are discharged from the nursing facility.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2018.

TABLE 6: BEHAVIORAL HEALTH SERVICES COVERED UNDER ACUTE CARE MCO CONTRACTS IN ALL 50 STATES AND DC, AS OF JULY 1, 2018

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	--	--	--	--
Delaware	Varies	Varies	Always Carved- in	Always Carved- in
DC	Always Carved- out	Always Carved- in	Always Carved- out	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	Varies	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- in	Always Carved- in	Always Carved- in	Always Carved- in
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	Varies	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	Varies	Always Carved- in	Varies
Washington	Varies	Varies	Varies	Varies
West Virginia	Always Carved- in	Varies	Always Carved- in	Varies
Wisconsin	Varies	Always Carved- in	Always Carved- in	Always Carved- in
Wyoming	--	--	--	--
Always Carved- in	22	24	27	26
Always Carved- out	10	7	7	6
Varies	7	8	5	7

NOTES: OP - Outpatient. SUD - Substance Use Disorder. "--" indicates there were no MCOs operating in that state's Medicaid program in July 2018. 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 2018.

TABLE 7: SELECT MEDICAID MANAGED CARE QUALITY INITIATIVES IN ALL 50 STATES AND DC, IN PLACE IN FY 2018 AND ACTIONS TAKEN IN FY 2019

States	Pay for Performance/ Performance Bonus		Capitation Withhold		Auto-Assignment Algorithm Includes Quality Performance Measures		Publicly Available Comparison Data About MCOs		Any Select Quality Initiatives	
	In Place FY 2018	New or Expanded FY 2019	In Place FY 2018	New or Expanded FY 2019	In Place FY 2018	New or Expanded FY 2019	In Place FY 2018	New or Expanded FY 2019	In Place FY 2018	New or Expanded FY 2019
Alabama										
Alaska										
Arizona			X				X		X	
Arkansas										
California			X		X		X		X	
Colorado	X						X		X	
Connecticut										
Delaware	X	X					X	X	X	X
DC	X		X				X		X	
Florida	X	X	X				X		X	X
Georgia			X						X	
Hawaii	X		X	X	X		X		X	X
Idaho										
Illinois	X		X				X		X	
Indiana	X		X						X	
Iowa	X		X	X			X	X	X	X
Kansas	X	X	X				X		X	X
Kentucky							X		X	
Louisiana			X			X*	X		X	X
Maine										
Maryland	X	X			X		X		X	X
Massachusetts	X		X				X	X	X	X
Michigan	X		X		X		X		X	
Minnesota			X				X		X	
Mississippi										
Missouri	X		X	X			X		X	X
Montana										
Nebraska			X				X		X	
Nevada	X		X			X*	X		X	X
New Hampshire							X		X	
New Jersey	X	X					X	X	X	X
New Mexico					X		X		X	
New York	X				X				X	
North Carolina										
North Dakota										
Ohio	X		X	X	X		X		X	X
Oklahoma										
Oregon	X		X						X	
Pennsylvania	X	X					X		X	X
Rhode Island	X		X	X			X		X	X
South Carolina	X		X		X		X		X	
South Dakota										
Tennessee	X		X				X		X	
Texas	X		X				X		X	
Utah								X*		X
Vermont										
Virginia	X		X				X	X	X	X
Washington			X	X	X		X		X	X
West Virginia										
Wisconsin	X		X				X		X	
Wyoming										
Totals	25	6	26	6	9	2	31	6	35	17

NOTES: States with MCO contracts were asked to report if select quality initiatives were included in contracts in FY 2018, or are new or expanded in FY 2019. The table above does not reflect all quality initiatives states have included as part of MCO contracts. "*" indicates that a policy was newly adopted in FY 2019, meaning that the state did not have any policy in that category/column in place in FY 2018.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2018.

TABLE 8: SELECT DELIVERY SYSTEM AND PAYMENT REFORM INITIATIVES IN ALL 50 STATES AND DC, IN PLACE IN FY 2018 AND ACTIONS TAKEN IN FY 2019

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 2018	New/Expand FY 2019	In Place FY 2018	New/Expand FY 2019	In Place FY 2018	New/Expand FY 2019	In Place FY 2018	New/Expand FY 2019	In Place FY 2018	New/Expand FY 2019	In place FY 2018	New/Expand in FY 2019
Alabama	X		X								X	
Alaska												
Arizona									X		X	
Arkansas	X						X				X	
California				X*					X		X	X
Colorado	X	X			X	X					X	X
Connecticut	X	X	X		X						X	X
Delaware												
DC			X								X	
Florida	X	X									X	X
Georgia	X										X	
Hawaii												
Idaho	X	X						X*			X	X
Illinois	X			X*							X	X
Indiana												
Iowa			X		X						X	
Kansas				X*					X		X	X
Kentucky												
Louisiana	X										X	
Maine			X		X						X	
Maryland			X								X	
Massachusetts					X	X			X		X	X
Michigan	X		X	X							X	X
Minnesota	X		X		X						X	
Mississippi												
Missouri	X		X		X						X	
Montana	X	X									X	X
Nebraska	X			X*	X						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
New York	X	X	X	X	X	X	X		X		X	X
North Carolina	X		X								X	
North Dakota												
Ohio	X	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	
South Dakota			X								X	
Tennessee	X		X				X	X			X	X
Texas	X								X		X	
Utah												
Vermont	X		X		X	X					X	X
Virginia	X										X	
Washington			X						X		X	
West Virginia			X								X	
Wisconsin	X		X								X	
Wyoming	X	X									X	X
Totals	29	9	22	8	14	6	6	4	10	0	43	19

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 2019, meaning that the state did not have any policy in that category/column in place in FY 2018.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2018.

TABLE 9: LONG-TERM CARE ACTIONS TO SERVE MORE INDIVIDUALS IN COMMUNITY SETTINGS IN ALL 50 STATES AND DC, FY 2018 AND FY 2019

States	Sec. 1915 (c) or Section 1115 HCBS Waiver		Sec. 1915(i) HCBS State Plan Option		Sec. 1915(k) "Community First Choice" Option		Building Rebalancing Incentives into MLTSS		PACE (* indicates new sites)		Close/ Downsize Institution		Total States with HCBS Expansions	
	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019
Alabama	X	X											X	X
Alaska		X				X								X
Arizona							X	X					X	X
Arkansas				X					X	X*			X	X
California	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
Delaware	X	X	X	X			X	X	X	X*			X	X
DC										X*				X
Florida	X	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*			X	X
Iowa	X	X	X	X			X	X					X	X
Kansas	X	X											X	X
Kentucky														
Louisiana	X	X											X	X
Maine	X	X											X	X
Maryland	X	X	X	X	X	X				X			X	X
Massachusetts	X	X											X	X
Michigan	X	X		X			X	X	X*	X*			X	X
Minnesota														
Mississippi	X	X	X	X									X	X
Missouri	X												X	
Montana	X	X			X	X					X		X	X
Nebraska									X	X			X	X
Nevada	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	X
New York	X	X	X	X	X	X	X	X	X*	X*	X	X	X	X
North Carolina										X*				X
North Dakota	X	X								X*	X		X	X
Ohio	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
Pennsylvania	X	X					X	X	X*	X*	X	X	X	X
Rhode Island						X	X	X					X	X
South Carolina	X	X							X	X	X	X	X	X
South Dakota	X	X											X	X
Tennessee	X	X					X	X					X	X
Texas	X	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
Washington	X	X			X	X			X*	X*	X	X	X	X
West Virginia	X	X											X	X
Wisconsin	X	X					X	X	X				X	X
Wyoming	X	X							X	X			X	X
Totals	40	40	12	14	8	9	17	18	16	22	10	7	46	48

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. Actions under PACE include more individuals served in existing and/or new PACE sites, with an * indicating which states expect new sites in FY 2018 or FY 2019. NY noted they will add one or more PACE sites in FY 2018 and FY 2019 but also indicated enrollment in PACE has declined.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2018.

TABLE 10: CAPITATED MLTSS MODELS IN ALL 50 STATES AND DC, AS OF JULY 1, 2018

States	Medicaid MCO	PHP	Financial Alignment Demonstration (FAD) for Duals	Any MLTSS	Statewide
Alabama					
Alaska					
Arizona	X			X	X
Arkansas					
California	X		X	X	
Colorado					
Connecticut					
Delaware	X			X	X
DC					
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	X			X	
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	X
Washington					
West Virginia					
Wisconsin	X	X		X	X
Wyoming					
Totals	20	6	9	24	17

NOTES: States were asked whether they cover long-term services and supports through any of the following managed care (capitated) arrangements as of July 1, 2018: Medicaid MCO (MCO covers Medicaid acute + Medicaid LTSS); PHP (covers only Medicaid LTSS); MCO arrangement for dual eligibles under the Financial Alignment Demonstration (Medicaid MCO covers Medicaid and Medicare acute + Medicaid LTSS). *ID operates a PHP that covers LTSS in conjunction with an Medicare Advantage plan in selected counties and expects to expand to new counties in FY 2018 and FY 2019. *MA operates a FAD and a separate administrative alignment-only demonstration for dually eligible beneficiaries. *MN operates an administrative alignment-only demonstration for dually eligible beneficiaries using an MCO arrangement. *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 2018.

TABLE 11: PROVIDER RATE CHANGES IN ALL 50 STATES AND DC, FY 2018

States	Inpatient Hospital		Outpatient Hospital		Primary Care Physicians		Specialists		Dentists		MCOs		Nursing Facilities		HCBS		Pharmacy Dispensing Fee		Total	
	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-
Alabama		X									--	--	X		X				X	X
Alaska		X		X		X		X		X	--	--		X						X
Arizona	X		X		X		X				X		X		X		X		X	X
Arkansas		X									--	--	X						X	X
California	X				X		X		X		X		X		X		X		X	X
Colorado	X		X				X		X		X		X		X				X	X
Connecticut	X		X								--	--		X					X	X
Delaware		X	X		X		X			X		X		X					X	X
DC	X		X									X		X		X			X	X
Florida		X		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
Idaho	X		X		X		X				--	--		X	X				X	X
Illinois		X												X	X				X	X
Indiana		X										X		X	X				X	X
Iowa		X				X						X		X					X	X
Kansas	X		X		X		X		X		X		X		X				X	X
Kentucky	X		X		X						X		X						X	X
Louisiana	X		X								X		X						X	X
Maine		X									--	--	X		X		X		X	X
Maryland	X		X		X		X				X		X		X				X	X
Massachusetts	X		X		X		X				X		X	X	X				X	X
Michigan		X					X				X		X		X				X	X
Minnesota	X		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	X
Montana		X		X		X		X		X	--	--	X		X		X		X	X
Nebraska		X										X		X				X	X	X
Nevada	X			X	X		X				X		X		X				X	X
New Hampshire		X										X		X		X		NR	X	X
New Jersey	X		X		X		X						X		X				X	X
New Mexico		X											X		X				X	X
New York	X		X								X		X		X				X	X
North Carolina		X									--	--	X						X	X
North Dakota		X									X			X					X	X
Ohio	X		X				X				X		X						X	X
Oklahoma		X									--	--		X						X
Oregon		X							X		X		X		X		X		X	X
Pennsylvania		X										X		X		X		X	X	X
Rhode Island	X		X								X		X		X		NR		X	X
South Carolina		X							X		X		X		X				X	X
South Dakota		X									--	--		X	X				X	X
Tennessee		X							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
Washington	X										X		X		X				X	X
West Virginia	X											X	X				X		X	X
Wisconsin	X		X						X		X		X		X		X		X	X
Wyoming		X									--	--		X	X				X	X
Totals	23	28	21	5	12	4	14	3	9	4	28	7	34	17	32	2	12	1	49	38

NOTES: "+" refers to provider rate increases and "-" refers to provider rate restrictions. MCOs: Managed care organizations. 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, HCBS, and pharmacy dispensing fees 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 2018; they are denoted as "--" in the MCO column. NR: State did not report.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2018.

TABLE 12: PROVIDER RATE CHANGES IN ALL 50 STATES AND DC, FY 2019

States	Inpatient Hospital		Outpatient Hospital		Primary Care Physicians		Specialists		Dentists		MCOs		Nursing Facilities		HCBS		Pharmacy Dispensing Fee		Total		
	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	
Alabama		X									--	--	X		X					X	X
Alaska	X		X		X		X		X		--	--	X		X			X		X	X
Arizona	X		X		X		X				X		X		X					X	X
Arkansas		X									--	--	X							X	X
California		X			X		X		X		X		X		X		X		X	X	X
Colorado	X		X		X		X		X		X		X		X					X	X
Connecticut		X									--	--		X							X
Delaware		X	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
Idaho	X		X		X		X				--	--		X	X					X	X
Illinois	X												X					X		X	X
Indiana		X												X							X
Iowa		X									X		X				X			X	X
Kansas	X		X								X		X		X					X	X
Kentucky	X		X								X		X		X					X	X
Louisiana	X		X								X		X							X	X
Maine		X									--	--	X		X					X	X
Maryland	X		X		X		X				TBD	TBD	X		X					X	X
Massachusetts		X									X		X		X					X	X
Michigan		X					X				X		X		X					X	X
Minnesota	X		X						X		X		X		X		X			X	X
Mississippi		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		X			X	X
Nebraska		X												X							X
Nevada		X							X		X		X							X	X
New Hampshire		X									X		X					NR		X	X
New Jersey	X		X		X		X		X		X		X		X					X	X
New Mexico		X			X						X		X		X					X	X
New York	X		X								X		X		X					X	X
North Carolina		X									--	--	X							X	X
North Dakota		X									X			X						X	X
Ohio		X					X		TBD	TBD	X		X							X	X
Oklahoma	X		X		X		X		X		--	--	X		X		X			X	X
Oregon		X												X							X
Pennsylvania		X									X		X		X					X	X
Rhode Island	X		X									X		X		X		NR		X	X
South Carolina		X									X		X		X					X	X
South Dakota	X		X		X		X		X		--	--	X		X					X	X
Tennessee		X												X	X					X	X
Texas		X							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	X
West Virginia	X										X		X		X					X	X
Wisconsin	X		X						X		X		X				TBD	TBD		X	X
Wyoming		X									--	--		X	X					X	X
Totals	25	26	24	1	17	0	16	0	12	2	31	2	40	11	31	0	7	0	47	30	

NOTES: "+" refers to provider rate increases and "-" refers to provider rate restrictions. MCOs: Managed care organizations. 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, HCBS, and pharmacy dispensing fees 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 2019; they are denoted as "--" in the MCO column. TBD: At the time of the survey, calendar year 2019 MCO rates had not been set for Maryland, rates for dentists were in development in Ohio, and Wisconsin was considering changes to pharmacy dispensing fees. NR: State did not report.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2018.

TABLE 13: PROVIDER TAXES IN PLACE IN ALL 50 STATES AND DC, FY 2018 AND FY 2019

States	Hospitals		Intermediate Care Facilities		Nursing Facilities		Other	
	2018	2019	2018	2019	2018	2019	2018	2019
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
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	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	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	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	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		
Wyoming	X	X			X	X		
Totals	42	43	36	36	44	44	26	26

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 2018.

TABLE 14: BENEFIT CHANGES IN ALL 50 STATES AND DC, FY 2018 AND FY 2019

States	FY 2018		FY 2019	
	Enhancements/ Additions	Restrictions/ Eliminations	Enhancements/ Additions	Restrictions/ Eliminations
Alabama				
Alaska		X	X	
Arizona	X			
Arkansas				
California	X		X	
Colorado	X		X	X
Connecticut		X		
Delaware				
DC			X	
Florida				
Georgia			X	
Hawaii			X	
Idaho				
Illinois			X	
Indiana	X		X	
Iowa				X
Kansas			X	
Kentucky			X	X
Louisiana	X			
Maine				
Maryland	X		X	
Massachusetts	X			
Michigan				
Minnesota				
Mississippi			X	
Missouri			X	
Montana				
Nebraska	X			
Nevada	X	X		X
New Hampshire			X	
New Jersey			X	
New Mexico			X	X
New York	X		X	
North Carolina			X	
North Dakota				
Ohio	X			
Oklahoma		X		
Oregon				
Pennsylvania				
Rhode Island	X		X	
South Carolina	X			
South Dakota			X	
Tennessee			X	
Texas	X		X	
Utah	X			X
Vermont	X			
Virginia	X			
Washington				
West Virginia	X		X	
Wisconsin	X		X	
Wyoming				
Totals	19	4	24	6

NOTES: States were asked to report benefit restrictions, eliminations, enhancements, and additions in FY 2018 and FY 2019. 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 2018.

Table 15: States Reporting Benefit Actions Taken in FY 2018 and FY 2019⁷

State	Fiscal Year	Benefit Changes
Alabama	2019	Children (nc): Add coverage of Applied Behavior Analysis (ABA) services for individuals under age 21 (October 1, 2018).
Alaska	2018	Adults (-): Recategorize emergent and enhanced dental service codes, and eliminate coverage of other codes.
	2019	Children (nc): Add coverage of Applied Behavior Analysis (ABA) services under the EPSDT benefit. All (+) Pending Sec. 1115 Waiver: Begin phasing in a revised and expanded behavioral health services benefit package (TBD).
Arizona	2018	Non-LTSS Adults (+): Add a \$1,000 per year benefit for emergency dental services (October 1, 2017). Non-LTSS Adults (+): Add coverage of outpatient occupational therapy services (October 1, 2017).
California	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). Children (nc): Expand coverage of Behavioral Health Treatment (BHT) to individuals under age 21 without a diagnosis of Autism Spectrum Disorder (ASD) (March 1, 2018).
	2019	Adults (+): Add Diabetes Prevention Program (DPP) for individuals diagnosed with prediabetes who meet qualifying criteria (January 1, 2019).
Colorado	2018	Pregnant Women (+): Add coverage of up to three postpartum depression screenings in the first year following a child's birth (July 1, 2017). Children (+): Restore coverage of routine circumcisions as an elective benefit (July 1, 2017). Adults (+): Add coverage for physical therapy/occupational therapy services above the 12-hour cap with prior authorization (November 1, 2017).
	2019	All (+): Add coverage of 12-month supply of birth control pills, after an initial three-month dispensing period (January 1, 2019). All (+): Expand non-emergency medical transportation (NEMT) services benefit to meet urgent transportation needs (January 1, 2019). All (-): Implement prior authorization requirements for certain medical benefits and physician administered drugs (January 1, 2019). All (-): Implement a comprehensive hospital admission review program (January 1, 2019).
Connecticut	2018	Adults (-): Apply \$1,000 annual cap on coverage for dental services, with exception for medical necessity (January 1, 2018).
District of Columbia	2019	All (+): Add coverage of Clubhouse peer support services for individuals with a mental health diagnosis living in the community (TBD).
Georgia	2018	Children (nc): Add coverage for Autism Spectrum Disorders (ASD) services for individuals under the age of 21 (January 1, 2018).

⁷ Benefit changes are denoted with (+) if they have a positive impact from the beneficiary's perspective, regardless of budget impact. 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 (such as state coverage of behavioral services for children with autism spectrum disorder) are also denoted with (nc).

	2019	<p>All (+): Add coverage of Emergency Medical Services (EMS) transportation to a non-hospital destination and treatment without transport (July 1, 2018).</p> <p>Pregnant Women (+): Add coverage for group prenatal care services/<i>CenteringPregnancy</i> (October 1, 2018).</p>
Hawaii	2019	<p>Adults (+) Pending Sec. 1115 Waiver: Expand mental health and substance abuse benefits including addition of intensive case management and tenancy supports for beneficiaries classified as chronically homeless (TBD).</p>
Illinois	2019	<p>Adults (+): Restore adult dental benefit (July 1, 2018).</p> <p>All (+) Approved Sec. 1115 Waiver: Add coverage of residential and inpatient treatment for individuals with substance use disorder at institutions for mental disease (IMD) under a statewide pilot (January 1, 2019).</p> <p>All (+) Approved Sec. 1115 Waiver: Expand coverage of the following behavioral health services through pilot programs approved under a Section 1115 waiver: clinically managed residential withdrawal management; substance use disorder case management services; peer recovery support services; crisis intervention services; and supported employment services (January 1, 2019).</p> <p>Pregnant women and children (+) Approved Sec. 1115 Waiver: Cover evidence-based home visiting services under a pilot program, including postpartum home visits and child home visits to postpartum mothers who gave birth to a baby born with withdrawal symptoms (January 1, 2019).</p> <p>Children (+) Approved Sec. 1115 Waiver: Add coverage of intensive in-home clinical and support services under a pilot program to support and stabilize a child/youth in their home or home-like setting (January 1, 2019).</p> <p>Children (+) Approved Sec. 1115 Waiver: Add coverage of respite services under a pilot program to provide families scheduled relief to help prevent stressful situations (January 1, 2019).</p>
Indiana	2018	<p>Adults (+): Add coverage of chiropractic spinal manipulation for Healthy Indiana Plan (HIP) Plus enrollees (January 1, 2018).</p> <p>Adults (+) Approved Sec. 1115 Waiver: Expand coverage of opioid use disorder and substance use disorder treatment services to include inpatient substance use treatment at institutions for mental disease (IMD) (February 1, 2018).</p> <p>All (+) Approved Sec. 1115 Waiver: Add coverage for short-term low-intensity and high-intensity residential treatment for opioid use disorder and substance use disorder in settings of all sizes, including IMDs (March 1, 2018).</p> <p>All (+): Revise coverage for telemedicine services, including an elimination of the distance requirement between distant and originating sites (April 1, 2018).</p>
	2019	<p>All (+): Add coverage for certain services provided by community health workers, including but not limited to patient education, health promotion, and facilitation of cultural brokering between an individual and their health care team (July 1, 2018).</p> <p>All (+): Expand coverage for peer support recovery, crisis intervention, and intensive outpatient behavioral health services (TBD).</p>
Iowa	2019	<p>Adults (-): Apply a \$1,000 annual maximum to dental benefits, excluding preventive services and dentures (September 1, 2018).</p>
Kansas	2019	<p>Adults (+) Pending Sec. 1115 Waiver: Add coverage of inpatient behavioral health services at publicly-owned and non-public institutions for mental disease (IMD) for Medicaid managed care enrollees (January 1, 2019).</p>
Kentucky	2018	<p>All (nc): Expand non-emergency medical transportation services to include travel to pharmacies (July 1, 2017).</p>
	2019	<p>Adults (-) Sec. 1115 Waiver Approval Set Aside by Court, CMS Reconsidering: Change access to enhanced benefits, such as vision and dental, such that individuals must access through <i>My Rewards Account</i> (TBD).</p> <p>All (+): Approved Sec. 1115 Waiver: Add coverage of substance use disorder treatment services at institutions for mental disease (IMD) under pilot program (TBD).</p>

		<p>Expansion Adults (-) Sec. 1115 Waiver Approval Set Aside by Court, CMS Reconsidering: Waive coverage of NEMT services (TBD).</p> <p>Adults (-) Sec. 1115 Waiver Approval Set Aside by Court, CMS Reconsidering: Waive coverage of NEMT services for methadone treatment, with exceptions for children under age 21 (EPSDT), former foster care youth, and pregnant women (TBD).</p>
Louisiana	2018	<p>All (+): Remove home health visit limits (January 20, 2018).</p> <p>Family Planning Eligibility Group (+): Remove family planning services visit limit (March 20, 2018).</p>
Maryland	2018	<p>Adults (+) Approved Sec. 1115 Waiver: Add coverage of substance use disorder residential treatment services in ASAM Level 3.3, 3.5, and 3.7 settings (July 1, 2017).</p> <p>All (+): Add coverage of remote patient monitoring for beneficiaries who meet qualifying medical criteria (January 1, 2018).</p>
	2019	<p>Adults (nc): Add coverage of audiology services and hearing aids (July 1, 2018).</p> <p>Adults (+) Approved Sec. 1115 Waiver: Add coverage of substance use disorder residential treatment services in ASAM Level 3.1 settings (January 1, 2019).</p> <p>Dual Eligibles (+): Implement pilot for coverage of adult dental services (January 1, 2019).</p>
Massachusetts	2018	<p>All (+) Approved Sec. 1115 Waiver: Add coverage of recovery support navigator services and recovery coach services (March 1, 2018).</p>
Michigan	2018	<p>Adults (nc): Add coverage of hearing aids for adults age 21 and older (September 1, 2018).</p>
Mississippi	2019	<p>Children (+): Add coverage of pharmacist-administered vaccines for children ages 10 to 18 years old (TBD).</p>
Missouri	2019	<p>All (+): Add coverage of acupuncture and chiropractic services in lieu of an opioid prescription as an alternative pain management strategy (February 2019).</p>
Nebraska	2018	<p>All (+): Add coverage of nutrition services (July 1, 2017).</p> <p>All (+): Add coverage of peer support services (July 1, 2017).</p>
Nevada	2018	<p>All (-): Implement a prior authorization requirement for hospice services (July 1, 2017).</p> <p>Children (-): Limit coverage of orthodontia services (July 1, 2017).</p> <p>All (+): Add coverage of gender dysphoria services (January 1, 2018).</p> <p>All (+): Add coverage of medical nutrition therapy services (January 1, 2018).</p> <p>All (+): Add coverage of 12-month supply of birth control pills (January 1, 2018).</p> <p>Adults (+): Add coverage of podiatry services (January 1, 2018).</p> <p>All (nc): Expand definition of covered durable medical equipment services (June 26, 2018).</p>
	2019	<p>All (-): Establish basic skills training services tiers (TBD).</p>
New Hampshire	2019	<p>Adults (+) Approved Sec. 1115 Waiver: Add coverage of substance use disorder treatment services at institutions for mental disease (IMD) (TBD).</p> <p>Expansion Adults (nc) Pending Sec. 1115 Waiver: Align alternative benefit package with standard Medicaid benefits as state terminates the current Premium Assistance Program and transitions Medicaid expansion beneficiaries into the state's Medicaid managed care delivery system (January 1, 2019).</p>
New Jersey	2019	<p>All (+): Eliminate prior authorization requirements for nicotine replacement therapies (July 1, 2018).</p> <p>Adults (+) Approved Sec. 1115 Waiver: Add coverage of short-term residential services for substance use disorder and withdrawal management services at an institution for mental disease (IMD) (July 1, 2018).</p>

		<p>Adults (+) Approved Sec. 1115 Waiver: Add coverage of long-term residential services for substance use disorder at an institution for mental disease (IMD) (October 1, 2018).</p> <p>Children (nc): Expand coverage of Autism Spectrum Disorder (ASD) services statewide (January 1, 2019).</p> <p>All (+): Add coverage of Diabetes Prevention Program services and self-management education (TBD).</p>
New Mexico	2019	<p>All (+) Pending Sec. 1115 Waiver: Add coverage of behavioral health services, substance use disorder treatment in adult residential treatment centers, expanded Opioid Treatment Program services, expanded provider types for Comprehensive Community Support Services, and teaming crisis treatment services (January 1, 2019).</p> <p>All (+): Add coverage of Screening, Brief Intervention, and Referral to Treatment (SBIRT) services.</p> <p>All (+) Pending Sec. 1115 Waiver: Add coverage of inpatient services in an institution for mental disease (IMD) for beneficiaries with severe mental illness or a substance use disorder (January 1, 2019).</p> <p>Children (-) Pending Sec. 1115 Waiver: Waive coverage of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for 19- and 20-year-olds (January 1, 2019).</p> <p>Pregnant Women (+) Pending Sec. 1115 Waiver: Pilot home visiting program that focuses on prenatal care, postpartum care, and early childhood development (January 1, 2019).</p> <p>Adults (+) Pending Sec. 1115 Waiver: Add coverage of pre-tenancy and tenancy support services to adults who are Seriously Mentally Ill (January 1, 2019).</p>
New York	2018	<p>All (+): Add coverage of digital breast tomosynthesis (DBT) screening services (September 1, 2017 for fee-for-service and November 1, 2017 for Medicaid managed care).</p> <p>All (+): Add coverage of continuous glucose monitoring devices for beneficiaries with Type 1 diabetes (November 1, 2017 for fee-for-service and January 1, 2018 for Medicaid managed care).</p> <p>Children (+): Add coverage of pasteurized donor human breast milk for infants <1500 grams (December 1, 2017 for fee-for-service and February 15, 2018 for Medicaid managed care).</p>
	2019	<p>All (+): Expand coverage of physical therapy services by increasing cap from 20 visits to 40 visits for eligible beneficiaries (July 1, 2018).</p> <p>All (+): Add limited infertility benefit for beneficiaries between the ages of 21 to 44 (TBD, pending CMS approval).</p>
North Carolina	2019	<p>Adults (+): Add coverage of adult vision services (January 1, 2019).</p> <p>Adults (+) Pending Sec. 1115 Waiver: Add coverage of substance use disorder services in institutions for mental disease (IMD) (TBD).</p>
North Dakota	2018	<p>All (nc): Update and clarify the services covered under the Rehabilitation Services benefit category, and the provider types who may render the service (April 1, 2018).</p>
Ohio	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 to treat pain (January 1, 2018).</p>
Oklahoma	2018	<p>Adults (-): Limit cap on Targeted Case Management services from 25 units per month to 16 units per year (September 1, 2017).</p> <p>Adults (-): Limit coverage of tooth extractions to emergency services only (September 14, 2017).</p> <p>Adults (-): Eliminate coverage of non-mandatory over-the-counter drugs (October 1, 2017).</p>

Rhode Island	2018	Adults (+) Approved Sec. 1115 Waiver: Add coverage of Recovery Navigation Program services for individuals with substance use disorder.
	2019	Adults (+) Approved Sec. 1115 Waiver: Add coverage of peer recovery specialist services for individuals with substance use disorder. Adults (+) Pending Sec. 1115 Waiver: Add coverage of residential mental health and substance use disorder treatment services in institutions for mental disease (IMD) (TBD). All (+) Pending Sec. 1115 Waiver: Add coverage for a Behavioral Health Link triage center to support crisis stabilization and short-term treatment for individuals experiencing a mental health or substance use disorder crisis (TBD).
South Carolina	2018	All (+): Expand coverage of telemedicine services (July 1, 2017). Children (nc): Add Autism Spectrum Disorder (ASD) services to the State Plan for eligible beneficiaries up to age 21 (July 1, 2017).
South Dakota	2019	Adults (+): Expand coverage of substance use disorder treatment services to all adults (SUD services were previously only covered for pregnant women) (July 1, 2018). All (+): Expand definition of mental health practitioners (January 1, 2019). All (+): Add coverage of services provided by community health workers (April 1, 2019).
Tennessee	2019	Adults (+) Pending Sec. 1115 Waiver: Add coverage of inpatient and residential substance use disorder treatment services in institutions for mental disease (IMD) (TBD).
Texas	2018	Children (+): Add coverage for one postpartum depression screening for mother during infant's Texas Health Steps medical visit during the first year (July 1, 2018).
	2019	Children (+): Expand coverage of telemedicine services to occupational therapy and speech-language pathology provided in a school-based setting (TBD). Adults (+): Add coverage of peer specialist services for adults with mental health conditions or substance use disorders (TBD).
Utah	2018	All (+): Add coverage of Screening, Brief Intervention, and Referral to Treatment (SBIRT) services for beneficiaries age 13 and older (July 1, 2017). People with Disabilities (+): Add coverage of dental services for individuals with disabilities (July 1, 2017). Adults (+) Approved Sec. 1115 Waiver: Add coverage of residential treatment services in an institution of mental disease (IMD) for individuals with a substance use disorder (November 9, 2017).
	2019	Children (-) Pending Sec. 1115 Waiver: Waive coverage of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for certain 19 and 20 year olds (TBD).
Vermont	2018	All (+): Add coverage of in-home lactation consultations (June 1, 2018).
Virginia	2018	All (+): Add coverage for peer support services for beneficiaries with serious mental illness and/or substance use disorders (for all members other than family planning-only beneficiaries) (July 1, 2017). Limited Adult Coverage Group (+) Approved Sec. 1115 Waiver: Expand coverage of residential addiction recovery and treatment services for beneficiaries with serious mental illnesses and/or substance use disorders in the GAP waiver population (October 1, 2017).
West Virginia	2018	Children (+): Add coverage of neonatal abstinence syndrome (NAS) treatment services (October 31, 2017). All (+) Approved Sec. 1115 Waiver: Add coverage of screening, brief intervention, and referral to treatment (SBIRT) services (January 14, 2018).

	2019	All (+) Approved Sec. 1115 Waiver: Add coverage of substance use disorder services, including adult residential treatment services, peer recovery support services, and withdrawal management services (July 1, 2018).
Wisconsin	2018	<p>Children (+): Redesign targeted case management services for children with complex medical conditions (September 1, 2017).</p> <p>All (+): Eliminate prior authorization requirements for therapy services evaluations and re-evaluations (January 1, 2018).</p> <p>Children (+): Add coverage of pharmacist-administered vaccines for children ages six to 18 years old (January 1, 2018).</p> <p>Children (+): Eliminate prior authorization requirements for environmental lead investigation services (March 1, 2018).</p>
	2019	Adults (+) Pending Sec. 1115 Waiver: Add coverage of residential substance use disorder treatment services in institutions for mental disease (IMD) for managed care and fee-for-service populations (TBD).

Table 16: Copayment Actions Taken in the 50 States and DC, FY 2017 and FY 2018

State	Fiscal Year	Copayment Changes
Colorado	2018	<p>Increase (all non-exempt eligibility groups): Increase pharmacy copayment to \$3.00 per prescription (January 1, 2018).</p> <p>Increase (all non-exempt eligibility groups): Double the hospital outpatient copayments (January 1, 2018).</p> <p>Increase (all non-exempt eligibility groups): Increase emergency room copayment for non-emergency events (January 1, 2018).</p>
Delaware	2018	<p>Decrease (LTSS population): 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 (July 1, 2017).</p>
	2019	<p>Elimination (all eligibility groups): Eliminate copayment for naloxone (July 1, 2018).</p>
Indiana	2018	<p>Decrease (for HIP 2.0 expansion population): Eliminating the graduated copayment for non-emergent ER use and replaced with a flat \$8 copay (February 1, 2018) (<i>Approved Sec. 1115 Waiver</i>).</p>
Kentucky	2019	<p>Increase (Expansion Adults and Parents/Caretakers): MCOs will not be authorized to waive copayments that apply in fee-for-service (TBD).</p> <p>New (Expansion Adults and Parents/Caretakers): Incentive account funds deducted for non-emergent use of the ER (<i>Sec. 1115 Waiver Approval Set Aside by Court, CMS Reconsidering</i>).</p> <p>New (Expansion Adults and Parents/Caretakers): Incentive account funds deducted for missed appointments (<i>Sec. 1115 Waiver Approval Set Aside by Court, CMS Reconsidering</i>).</p>
Maine	2019	<p>New (all non-exempt groups): Impose a copayment of \$10 on all populations for non-emergent use of the ED (dual eligibles, those in institutions and a few other groups are exempt) (<i>Pending Sec. 1115 Waiver</i>).</p>
Massachusetts	2019	<p>Elimination (all groups): Eliminate pharmacy copays for SUD treatment, aspirin, and statin drugs (TBD).</p> <p>Elimination (Persons with income at or below 50% FPL): Eliminate all copayments for those with income below 50% FPL (TBD).</p> <p>Increase (adults above 50% FPL): Implement new copayments for specialty services and non-emergent use of the emergency room (TBD).</p> <p>Decrease (all groups): Implementing a 2% cost-sharing cap for those below 150% FPL and 5% for those above 150% FPL (TBD).</p>
Michigan	2019	<p>Increase (all non-exempt groups): Increase outpatient hospital copay from \$1 to \$2 (October 1, 2018).</p> <p>Elimination (all groups): Eliminate cost sharing for mental health and substance use disorder services (October 1, 2018).</p>
Montana	2018	<p>Increase (expansion population with incomes from 51% to 138% FPL): Premium credit of 2% eliminated and members now pay point of service copayments (January 1, 2018) (<i>Approved Sec. 1115 Waiver</i>).</p>
New Hampshire	2019	<p>Decrease (adult enrollees with incomes between 100% and 133% FPL): Cost sharing will be aligned with standard Medicaid (January 1, 2019) (<i>Approved Sec. 1115 Waiver</i>).</p>
New Jersey	2018	<p>Decrease (nursing facility residents): Personal needs allowance was increased from \$35 to \$50 per month (July 1, 2017).</p>
New Mexico	2018	<p>Elimination (for Working Disabled Adults): Eliminated copayments for behavioral health services (January 1, 2018).</p>
	2019	<p>New (for most populations): Copays for brand-name prescriptions when there is a less expensive generic equivalent medicine available (March 1, 2019).</p>

		<p>New (for most populations): Copays for non-emergent use of the emergency department (March 1, 2019) (<i>Pending Sec. 1115 Waiver</i>).</p> <p>New (for most populations): A fee of \$5 for missing 3 or more appointments in a calendar year (March 1, 2019) (<i>Pending Sec. 1115 Waiver</i>).</p> <p>Elimination (for Working Disabled Adults): Eliminate most copayments (January 1, 2019).</p>
South Carolina	2019	<p>Elimination (all populations): Copayments eliminated for a subset of prescription drug classes deemed to be of the highest value.</p>
Utah	2018	<p>Neutral (all but children and pregnant women): Change inpatient copayments from \$220 per year to \$75 per stay (October 1, 2017).</p> <p>Increase (all but children and pregnant women): Increase outpatient copayments (July 1, 2017).</p> <p>Increase (all but children and pregnant women): Increase pharmacy copayment from \$2 to \$4 per prescription (July 1, 2017).</p>

TABLE 17: MEDICAID FFS PHARMACY BENEFIT MANAGEMENT STRATEGIES FOR OPIOIDS IN ALL 50 STATES AND DC, IN PLACE IN FY 2018 AND ACTIONS TAKEN IN FY 2019

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 2018	New/Exp FY 2019	In place FY 2018	New/Exp FY 2019	In place FY 2018	New/Exp FY 2019	In place FY 2018	New/Exp FY 2019	In place FY 2018	New/Exp FY 2019	In place FY 2018	New/Exp FY 2019
Alabama	X		X	X	X		X				X	X
Alaska	X	X	X	X	X	X	X	X	X		X	X
Arizona	X		X	X	X		X		X		X	X
Arkansas	X	X	X	X	X		X	X	X	X	X	X
California	X						X		X		X	
Colorado	X	X	X		X		X				X	X
Connecticut	X	X	X	X			X		X		X	X
Delaware	X	X	X	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	X	X	X
Georgia	X		X	X	X					X*	X	X
Hawaii	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	X		X*	X	X
Iowa	X	X	X	X	X		X	X	X		X	X
Kansas		X*	X	X		X*		X*			X	X
Kentucky	X	X	X	X	X	X	X	X	X		X	X
Louisiana	X		X		X		X		X		X	
Maine	X		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		X		X	X
Minnesota	X	X	X	X	X		X				X	X
Mississippi	X		X	X	X		X				X	X
Missouri	X		X	X	X						X	X
Montana	X	X	X	X	X		X				X	X
Nebraska	X	X	X		X		X	X			X	X
Nevada	X		X				X		X		X	
New Hampshire	X		X	X	X	X	X	X	X		X	X
New Jersey	X	X	X				X				X	X
New Mexico	X								X	X	X	X
New York	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
Ohio	X	X	X	X	X		X		X		X	X
Oklahoma	X	X	X	X	X		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
Rhode Island	X		X		X		X		X		X	
South Carolina	X		X	X	X		X		X		X	X
South Dakota	X	X	X	X	X		X	X			X	X
Tennessee	X		X		X		X		X		X	
Texas	X	X	X		X		X				X	X
Utah	X	X	X	X	X		X			X*	X	X
Vermont	X	X	X	X	X		X		X		X	X
Virginia	X		X		X		X		X		X	
Washington	X		X				X				X	
West Virginia	X		X		X		X		X		X	X
Wisconsin	X	X	X	X			X	X	X		X	X
Wyoming	X	X	X		X		X				X	X
Totals	50	26	48	30	39	6	44	17	32	8	51	40

NOTES: States were asked to report whether they had select pharmacy benefit management strategies in place in their FFS programs in FY 2018, and/or had plans to adopt or expand these strategies in FY 2019. "*" indicates that a policy was newly adopted in FY 2019, meaning that the state did not have any policy in that category/column in place in FY 2018.

SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2018.