

TABLE 2: CHANGES TO ELIGIBILITY STANDARDS IN ALL 50 STATES AND DC, FY 2015 and 2016

Eligibility Standard Changes						
STATES	FY 2015			FY 2016		
	(+)	(-)	(#)	(+)	(-)	(#)
Alabama						
Alaska				X - Medicaid Expansion		
Arizona						
Arkansas						
California						
Colorado				X		
Connecticut						X
Delaware						
DC						
Florida	X					
Georgia						
Hawaii						
Idaho						
Illinois			X			X
Indiana	X - Medicaid Expansion					
Iowa						
Kansas	X					
Kentucky						
Louisiana	X		X			
Maine						
Maryland						
Massachusetts						
Michigan				X		
Minnesota			X			
Mississippi						
Missouri						
Montana	X			X - Medicaid Expansion		
Nebraska				X		
Nevada						
New Hampshire	X - Medicaid Expansion					
New Jersey	X					
New Mexico						
New York			X			
North Carolina	X					
North Dakota						
Ohio					X	X
Oklahoma						
Oregon						
Pennsylvania	X - Medicaid Expansion		X			X
Rhode Island						
South Carolina						
South Dakota						
Tennessee					X	
Texas						
Utah						
Vermont	X					
Virginia	X		X		X	
Washington						
West Virginia						
Wisconsin		X				
Wyoming						
Totals	11	1	6	5	3	4

NOTES: Positive 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 (-). Several states made reductions to Medicaid eligibility pathways in response to either the availability of coverage through the Marketplaces and/or through the Medicaid expansion; these changes were denoted as (#) since most affected beneficiaries will have access to coverage through an alternative pathway.

SOURCE: Kaiser Commission on Medicaid and the Uninsured Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2015.

TABLE 3: ELIGIBILITY CHANGES IN ALL 50 STATES AND DC, FY 2015 AND FY 2016¹

State	Fiscal Year	Eligibility Changes
Alabama	2015	
	2016	
Alaska	2015	
	2016	Adults (+): Medicaid expansion on September 1, 2015. (Estimated first year enrollment of 20,000)
Arizona	2015	
	2016	
Arkansas	2015	
	2016	
California	2015	
	2016	
Colorado	2015	
	2016	Other (+): Implement the option to eliminate the 5-year bar on eligibility for lawfully residing immigrant children. (Estimated to affect 1,699 individuals)
Connecticut	2015	
	2016	Adults (#): Reduction in income limits for parent/caretakers to 150% of FPL (with disregard, effectively 155%) (Estimated to affect 23,700 individuals, of whom 1,350 are not eligible for Transitional Medical Assistance and will lose Medicaid eligibility effective 9/1/2015)
Delaware	2015	
	2016	
District of Columbia	2015	
	2016	Adults (nc): Section 1115 waiver expires 12/31/2015. Plan to transition adults with incomes above 138% FPL from a Medicaid waiver to Medicaid state plan. (Estimated to affect 7,000 or more individuals)
Florida	2015	Elderly and Disabled (+): Increased the minimum monthly maintenance income allowance and excess standard for community spouses of institutionalized people. (The number of nursing home residents eligible for Medicaid is also affected by 2015 cost of living adjustments and increases in the average private pay nursing home used to set LTSS policy.)
	2016	
Georgia	2015	
	2016	
Hawaii	2015	
	2016	
Idaho	2015	
	2016	

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 (-). Several states made reductions to Medicaid eligibility pathways in response to either the availability of coverage through the Marketplaces and/or through the Medicaid expansion; these changes were denoted as (#) since most affected beneficiaries will have access to coverage through an alternative pathway. Other changes to Medicaid eligibility that are not likely to affect beneficiaries but were reported by states are denoted with (nc).

Illinois	2015	Adults (#): Family planning waiver expired December 31, 2014. Adults (nc): The state's previous 1115 waiver (Cook County Care) ended June 30, 2014; adults transitioned to the new Medicaid expansion adult group July 2014.
	2016	Adults (#): Plan to eliminate Breast and Cervical Cancer Treatment Program, with the expectation that these individuals qualify under the ACA expansion. (current enrollment is about 1,200)
Indiana	2015	Adults (+): Adult expansion under HIP 2.0. (Affects an estimated 357,000 individuals)
	2016	
Iowa	2015	
	2016	
Kansas	2015	Adults (+): Presumptive Eligibility for Pregnant Women. (Estimated fewer than 500)
	2016	
Kentucky	2015	
	2016	
Louisiana	2015	Adults (#): Eliminated Family Planning waiver for those over 138% FPL. Those with income below 133% FPL will move from waiver to state plan. (8,700 individuals) Adults (+): Family Planning SPA includes more services and adds coverage for men.
	2016	
Maine	2015	
	2016	
Maryland	2015	
	2016	
Massachusetts	2015	
	2016	
Michigan	2015	
	2016	Adults (+): Income and asset expansion for working disabled adults.
Minnesota	2015	Adults (#): Eliminated MinnesotaCare coverage for those with incomes between 133% and 200% FPL. Change is neutral for enrollees because Minnesota implemented a Basic Health Plan for those with incomes between 133% and 200% FPL.
	2016	
Mississippi	2015	
	2016	
Missouri	2015	
	2016	
Montana	2015	Adults (+): Raised cap on 1115 Mental Health Services Plan (MHSP) waiver from 2,000 to 6,000 adults with SMI.
	2016	Adults (+): Waiver request in process to implement ACA expansion, including request for 12 month continuous coverage.
Nebraska	2015	
	2016	Other (+): Individuals age 19-21 who entered into a subsidized guardianship or adoption at age 16 or older. (13 individuals)
Nevada	2015	
	2016	
New Hampshire	2015	Adults (+): Implemented the Medicaid expansion as of July 1, 2014. Coverage became effective August 15, 2014. The expansion was originally implemented through existing managed care programs and transitioned to a waiver January 2016. (estimated 50,000 individuals)
	2016	

New Jersey	2015	Elderly and Disabled (+): New Jersey implemented the “Miller Trust” option. New applicants formerly eligible for the Medically Needy program will establish qualified income trust, resulting in an expanded benefit package (beyond just long-term care services). Individuals in the “Medically Needy Spend-Down Adults” group on November 30, 2014, were grandfathered into this program. ¹⁰ (209 additional enrollees)
	2016	
New Mexico	2015	
	2016	
New York	2015	Adults (#): Transfer some Medicaid waiver coverage (parents with incomes from 138% FPL to 150% FPL that receive an additional premium wrap to purchase coverage in the Marketplace) to Essential Plan (New York's BHP).
	2016	
North Carolina	2015	Adults (+): Income and resource disregard of payments from the Eugenics Compensation Program. Adults (nc): Family planning waiver was converted to a SPA in FY 2015.
	2016	
North Dakota	2015	
	2016	
Ohio	2015	
	2016	Adults (#): Ending Family Planning coverage group as of 1/1/16. Other (-): Change in transitional Medicaid for families from 12 months of eligibility to six months of eligibility with possible coverage for two consecutive six-month reporting periods. (Affects estimated 50,000 individuals)
Oklahoma	2015	
	2016	
Oregon	2015	
	2016	
Pennsylvania	2015	Adults (+): Implemented the Healthy PA Section 1115 waiver January 1, 2015, which increased Medicaid eligibility for adults up to 138% FPL. (605,180 individuals) State converted this to a SPA starting in FY 2015 with completion in FY 2016. Adults (#): Medically-Needy Spend-down disabled adult coverage was discontinued with the implementation of Healthy PA; however, it is scheduled for reinstatement in FY 2016. (Affects 3,346 individuals)
	2016	Adults (nc): Family Planning waiver converted to a SPA. Review of family planning enrollees for possible eligibility for full health care. (90,000 individuals) Adults (#): Reinstatement of medically needy spend-down for disabled adults. (3,346 individuals) Adults (nc): Converted all individuals enrolled in Medicaid expansion under the Healthy PA 1115 waiver to the Health Choices Medicaid expansion state plan as of September 1st.
Rhode Island	2015	
	2016	
South Carolina	2015	
	2016	
South Dakota	2015	
	2016	
Tennessee	2015	
	2016	Elderly and Disabled (-): In FY 2016 (7/1/2015), will begin limiting new LTSS enrollment into a 1915(i)-like group (offered under 1115 authority) to those eligible for SSI only. People already enrolled in the group under institutional income standards will be grandfathered. (Affects estimated 915 individuals)
Texas	2015	
	2016	

Utah	2015	
	2016	
Vermont	2015	Other (+): Submitted SPA to disregard asset tests for non-ABD medically needy.
	2016	
Virginia	2015	<p>Adults (#): Restored income eligibility for Family Planning coverage to 200% FPL. (Limit had been cut to 100% FPL on 1/1/2014.)</p> <p>Elderly and Disabled (+): For Ticket to Work disabled population, three changes:</p> <ol style="list-style-type: none"> 1. Increased allowable earnings to \$75,000 per year; any increase in a participants SSDI payments, or as a result of a COLA increase not counted as income as long as deposited in WIN account. 2. Unemployment benefits received due to loss of employment through no fault of the individual's own disregarded as income during a six-month grace period as long as deposited in the WIN account. 3. Income from a spouse not deemed to an applicant or enrollee in the program. (Estimate of 50 individuals.) <p>Adults (+): Implemented a Section 1115 waiver program to expand limited benefit coverage to uninsured adults with incomes up to 100% FPL with serious mental illness.</p>
	2016	Adults (-): Per state legislation, income eligibility for the Section 1115 waiver program that expanded limited benefit coverage to uninsured adults with serious mental illness was reduced from 100% FPL to 60% FPL.
Washington	2015	
	2016	
West Virginia	2015	
	2016	
Wisconsin	2015	Elderly and Disabled (-): Treating promissory notes as an asset. (Estimate of 40 individuals)
	2016	
Wyoming	2015	
	2016	

TABLE 4: PREMIUM AND COPAYMENT ACTIONS TAKEN IN ALL 50 STATES AND DC, FY 2015 AND 2016²

State	Fiscal Year	Premium and Copayment Changes
Alabama	2015	
	2016	
Alaska	2015	
	2016	
Arizona	2015	
	2016	Copays (New only for expansion group): Impose mandatory copays to federal statutory limits and an \$8 copay for non-emergent use of the ER on expansion adults. (Upon CMS approval)
Arkansas	2015	Premiums (New only for expansion group): Added monthly contributions as part of Health Independence Accounts available to newly eligible adults with incomes between 100-138% FPL. Contributions to the HIAs are in lieu of point of service copayments. (February 2015)
	2016	
California	2015	
	2016	
Colorado	2015	
	2016	
Connecticut	2015	
	2016	
Delaware	2015	
	2016	
District of Columbia	2015	
	2016	
Florida	2015	
	2016	
Georgia	2015	
	2016	
Hawaii	2015	
	2016	
Idaho	2015	
	2016	
Illinois	2015	
	2016	
Indiana	2015	<p>Premiums (New only for expansion group): POWER Account Contributions under HIP 2.0 for all low-income parents/caretakers and the new adult group (0-138% FPL) on a sliding scale. Those that fail to pay premiums within a 60-day grace period with income at or below 100% FPL are moved to a more limited benefit package and those with income over 100% FPL will be dis-enrolled from coverage and barred from re-enrolling for 6 months. (Feb 2015)</p> <p>Premiums (New): Non-expansion parent/caretaker relatives and those receiving TMA have the option of paying premiums to get additional benefits and in lieu of copays for services.</p> <p>Copays (New): Testing graduated copays (\$8 then \$25) for non-emergency use of the ER for non-expansion parent/caretakers and newly eligible adults under § 1916(f) authority.</p> <p>Copays (New for expansion group): Beneficiaries with income at or below 100% FPL who fail to pay premiums will be required to make copays in state plan amounts.</p> <p>Copays (Elimination): Remove copays for ABD enrollees in managed care. (April 2015)</p>
	2016	Copays (New): Restore copays for ABD enrollees in managed care (Jan 2016)

² New premiums or copays as well as new requirements (i.e. making copays enforceable) are noted as (NEW). Increases in existing premiums or copays are noted as (Increased), while decreases are noted as (Decreased) and eliminations are noted as (Eliminated).

Iowa	2015	<p>Premiums (New only for expansion group): Under the Iowa Health and Wellness Plan (IHWP), enrollees with incomes over 50 percent FPL are required to make a monthly premium contribution, beginning in the second year of coverage, which could be waived if they complete specified wellness activities. Premium amounts are \$5 per month for those with incomes between 50% to 100% FPL and \$10 per month for those with incomes over 100% FPL. Individuals can file a hardship exemption if they are not able to pay. (Jan 2015)</p> <p>Copays (New only for expansion group): All enrollees in the expansion group are be subject to \$8 copay for non-emergent use of the ED. (Jan 2015)</p>
	2016	
Kansas	2015	
	2016	
Kentucky	2015	
	2016	
Louisiana	2015	
	2016	
Maine	2015	
	2016	
Maryland	2015	
	2016	
Massachusetts	2015	
	2016	
Michigan	2015	<p>Premiums (New only for expansion group): Healthy Michigan Plan requires MI Health Account contributions equal to 2% of annual income for persons between 100% and 133% FPL after they have been in the health plan for 6 months. (Oct 2014)</p>
	2016	<p>Premiums (Increase): Legislation expanding the income and asset levels for Freedom to Work Medicaid (TWIAA) included a revised premium schedule. (Oct 2015)</p> <p>Copays (Increase): Increase in prescription, hospital, and office visit copays for Healthy Michigan Plan enrollees with incomes above 100% FPL. (Unknown date due to systems issues and CMS approval requirements.)</p>
Minnesota	2015	<p>Cost-Sharing (Neutral Effect): The family deductible for adults in Medicaid was decreased to \$2.75 per month, retroactive to 1/1/2014. (MCOs can waive the deductible.)</p>
	2016	<p>Premiums (Decreased): Minimum premium for Medical Assistance for Employed Persons with Disabilities (MA-EPD) reduced. (Sep 2015)</p> <p>Copays (Decreased): Decreased copayment amounts for MA-EPD group. (Sep 2015)</p>
Mississippi	2015	
	2016	
Missouri	2015	
	2016	
Montana	2015	
	2016	<p>Premiums (New only for expansion group): Waiver request to impose premiums (2% of income) for the entire ACA expansion group.</p> <p>Copays (New only for expansion group): Individuals with incomes up to 138% FPL will be required to pay copayments up to the maximum allowable amount under federal law.</p>
Nebraska	2015	
	2016	
Nevada	2015	
	2016	
New Hampshire	2015	<p>Copays (Eliminated): Eliminating pharmacy copays for adults under 100% FPL. (July 2014)</p>
	2016	<p>Copays (Increased): Pharmacy copays for the expansion group (those above 100% FPL) are being increased from \$1/\$4 (generic/brand) to \$2/\$8. (Jan 2016)</p> <p>Copays (New only for expansion group): Expansion group will be subject to copays on some medical services. (Jan 2016)</p>

New Jersey	2015	
	2016	
New Mexico	2015	Copays (Decreased): Pharmacy copayment decreased from \$5.00 to \$4.00 for working disabled Individuals. (FY 2015)
	2016	Copays (New only for expansion group): Copays for non-emergency use of the emergency department and for brand-name prescriptions when there is a less expensive generic equivalent medicine available. (FY 2016)
New York	2015	
	2016	
North Carolina	2015	
	2016	
North Dakota	2015	
	2016	
Ohio	2015	
	2016	
Oklahoma	2015	Copays (Increased): Most SoonerCare copays increased. (July 2014)
	2016	
Oregon	2015	
	2016	
Pennsylvania	2015	
	2016	
Rhode Island	2015	
	2016	
South Carolina	2015	
	2016	Copays (Decrease): Exempting certain high value drugs (including maintenance and certain psychiatric drugs) from copay requirements for all full benefit Medicaid beneficiaries. (July 2015)
South Dakota	2015	
	2016	
Tennessee	2015	
	2016	
Texas	2015	
	2016	
Utah	2015	
	2016	
Vermont	2015	
	2016	
Virginia	2015	
	2016	
Washington	2015	
	2016	
West Virginia	2015	
	2016	
Wisconsin	2015	
	2016	
Wyoming	2015	
	2016	