

# CHCS

Center for  
Health Care Strategies, Inc.

## *Appendices for Covering Low-Income Childless Adults in Medicaid: Experiences from Selected States*

This appendix is a supplement to a Center for Health Care Strategies policy brief, *Covering Low-Income Childless Adults in Medicaid: Experiences from Selected States*.

To download the policy brief, visit [www.chcs.org](http://www.chcs.org).

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## Appendix A: Summary of Core Program Features from Selected States

Following are summaries of key features of state programs discussed in *Covering Low-Income Childless Adults in Medicaid: Experiences from Selected States*, a policy brief coauthored by the Center for Health Care Strategies and Mathematica Policy Research in August 2010. To download the policy brief, visit [www.chcs.org](http://www.chcs.org).

**Arizona** residents approved Proposition 204 in 2000, expanding coverage to adults under 110 percent FPL through the state's Medicaid program. CMS authorized this expanded coverage under an amendment to the state's long-standing 1115 waiver. With recent budget constraints, in 2010 the state sought to eliminate the program, but the maintenance-of-effort requirements of health care reform led the state to reverse that decision.

During the Bush administration, states were encouraged to experiment with high-deductible health plans and health savings accounts to cover more people. **Indiana's** 1115 waiver program, called the Healthy Indiana Plan (HIP), incorporates these elements to expand health coverage to adults — both custodial parents and childless adults — up to 200 percent of the FPL.

Voters in **Maine** approved the Dirigo Health Act in 2003 to expand health care coverage to more residents, including childless adults. These adults are covered under the MaineCare program — Maine's Medicaid program — up to 100 percent of the FPL, the lowest Medicaid income threshold among the states we researched. Maine has seen high demand for the program and has cycled through various caps on enrollments since implementing the program.

**Minnesota** offers MinnesotaCare Basic Plus One to childless adults up to 250 percent of the FPL and the General Assistance Medical Care (GAMC) program to those who are very low-income (below 75 percent of the FPL) and cannot afford the cost-sharing associated with Basic Plus One. The Basic Plus One program has the most generous income eligibility limits among the 10 states we researched while the GAMC program has the lowest. Both programs are funded with state-only dollars.

**New York's** Health Care Reform Act of 2000 authorized a health care coverage expansion for several populations, including low-income adults. The state submitted an amendment to its existing 1115 waiver for these and other expansions.<sup>1</sup> Family Health Plus covers both parents and childless adults under 100 percent of the FPL.

**Oregon's** efforts to cover uninsured residents have gone through several iterations since the original expansion in 1994. The Oregon Health Plan—Standard program for adults up to 185 percent of the FPL offers basic health services and recently re-opened to new enrollees, drawing people from a large waiting list by lottery each month until the program reaches the current enrollment ceiling.

**Pennsylvania** used a significant portion of its share of tobacco settlement money to fund the first year of its program to cover uninsured adults up to 200 percent of FPL called adultBasic. Participants pay a monthly premium and co-payments and coinsurance for a set of comprehensive services. The program is

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<sup>1</sup> New York State Department of Health. "Executive Summary – New York State's Request for an Amendment to its Current Section 1115 Waiver." May 2001. Accessed July 7, 2010 at: <http://www.health.state.ny.us/nysdoh/fhplus/summary.htm> and Centers for Medicare and Medicaid Services. "Expenditure Authority – Partnership Plan Medicaid Section 1115 Demonstration, New York State Department of Health." Accessed July 7, 2010 at: [http://www.health.state.ny.us/health\\_care/managed\\_care/appextension/partnership\\_plan/docs/expenditure\\_authorities.pdf](http://www.health.state.ny.us/health_care/managed_care/appextension/partnership_plan/docs/expenditure_authorities.pdf)

now also funded through an assessment on non-profit health plans and employs a full buy-in program for adults on the program's waitlist.

Through the **Vermont** Health Access Plan, adults up to 150 percent of the FPL meeting certain other conditions have been eligible receive a Medicaid package of benefits since 1994. This program is one of several Vermont has implemented to realize the goal of universal coverage for all of its residents.

**Washington** rolled out its Basic Health Plan in 1987 — the first among the 10 states we reviewed — offering comprehensive coverage to adults under 200 percent of the FPL through pre-paid, capitated health plans. Basic Health, as it is known, requires cost sharing for all participants through monthly premium payments, deductibles, and co-insurance for certain services. Solely state-funded and subject to budget constraints, the program has maintained a waitlist through much of its history, opening slots on a first-come, first-served basis. Washington also provides medical benefits for very low-income individuals who are not eligible for any other government benefits through its General Assistance program. The program was renamed Disability Lifeline in 2010 and all beneficiaries must now enroll in the Community Health Plan of Washington, a managed care organization.<sup>2,3</sup>

**Wisconsin's** BadgerCare Plus Core Plan is the newest of the programs we researched, beginning coverage of childless adults up to 200 percent of the FPL in July 2009. Although in existence less than one year, the state instituted an enrollment cap in October 2009 and a waitlist. The program is part of a larger 1115 waiver CMS has granted the state.

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<sup>2</sup> Washington State Department of Social and Health Services. "Disability Lifeline Managed Care Benefits." Website Accessed July 9, 2010 at: <http://hrsa.dshs.wa.gov/gaumc/GAU%20MC%20Benefits.htm>

<sup>3</sup> Washington State Institute for Public Policy. "General Assistance Programs for Unemployable Adults." December 2009. Accessed July 9, 2010 at: <http://www.wsipp.wa.gov/rptfiles/09-12-4101.pdf>

## Appendix B: Sources Consulted

Following is a list of sources consulted in the development of *Covering Low-Income Childless Adults in Medicaid: Experiences from Selected States*, a policy brief coauthored by the Center for Health Care Strategies and Mathematica Policy Research in August 2010. To download the policy brief, visit [www.chcs.org](http://www.chcs.org).

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