State Policy Documentation Project

States' Implementation of Selected Medicaid Provisions of the Personal Responsibility and Work Opportunities Reconciliation Act of 1996

A joint project of the Center for Law and Social Policy and
the Center on Budget and Policy Priorities

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Table of Contents

Background

The following set of tables provide information on how states have implemented selected Medicaid provisions of the 1996 federal welfare law, including the requirement to "delink" TANF and Medicaid eligibility. They were compiled as part of the State Policy Documentation Project, a joint project of the Center on Budget and Policy Priorities and Center for Law and Social Policy. SPDP tracks state policy choices on Temporary Assistance to Needy Families (TANF) programs and Medicaid in the 50 states and the District of Columbia.

SPDP was initiated in the months following enactment of the 1996 federal welfare law (the "Personal Responsibility and Work Opportunities Reconciliation Act of 1996"). The 1996 federal welfare law dramatically transformed policy and funding for assistance to poor families and individuals. It replaced the Aid to Families with Dependent Children program with the Temporary Assistance to Needy Families block grant (TANF), and made significant changes to Medicaid, Food Stamps and child care programs. The 1996 federal welfare law both imposed significant new restrictions on how states operate many of their key programs for low-income families, and, at the same time, offered them substantial new discretion.

Although the tables included in this set provide some information on states' TANF policies, these tables are designed to summarize the Medicaid-related findings of SPDP. Detailed information on SPDP's findings regarding states' TANF policies are available on the SPDP web site at http://www.spdp.org.

Please also note that SPDP's goal is to provide information on state policies as they are described in state statute, regulation and caseworker manuals. It was beyond the scope of this project to determine whether the states' policies reflect their actual practices.

Medicaid Portion of SPDP

The Medicaid component of the State Policy Documentation Project tracks how states have implemented selected Medicaid provisions of the 1996 federal welfare law. In particular, it addresses the following:

- How states have implemented the requirement in the 1996 federal welfare law to replace the automatic eligibility link between welfare and Medicaid with a "family coverage category."

- Whether states have elected to exercise the option included in the 1996 federal welfare law to terminate the Medicaid coverage of a non-pregnant head of households who is terminated from TANF cash assistance for failure to work.

- States' choices around Medicaid coverage of immigrants in light of changes in eligibility rules for immigrants included in the 1996 federal welfare law.

Methodology

In general, SPDP collected information on states' policies through surveys completed by a key policy advocate in each state. State officials then were given the opportunity to review the information. SPDP staff have also checked whether the information is consistent with states' written policies, particularly when the two sources of information provided conflicting answers, and have edited and standardized answers.

Information on the Medicaid component of SPDP was gathered throughout the fall of 1998 and in early 1999. In the summer of 1999, state officials in all fifty states and the District of Columbia were sent a copy of the tables used to summarize the Medicaid information gathered from the initial survey, and asked to verify it. As of November 1999, officials in all states except for the District of Columbia, Florida, and Vermont have reviewed and verified the information in the tables**.** In these three states, where officials were unable to review how their states were represented in the tables, the tables reflect information that could be collected about state policies from other sources, including copies of state statutes and regulations, as well as copies of Medicaid state plan amendments.

Although the State Policy Documentation Project has made every effort to assure the accuracy of these tables, please note that some states are still in the process of implementing the Medicaid provisions of the 1996 federal welfare law or revising their existing policies. As a result, some of the information in the attached tables may already be outdated. Please send any changes on the Medicaid information in the tables to Jocelyn Guyer at the Center on Budget and Policy Priorities (guyer@cbpp.org).

General Background on the Tables

Most of the tables in this package provide information on how states have implemented the requirement of the 1996 federal welfare law to replace the automatic eligibility link between Medicaid and welfare with a new family coverage category. Under the family coverage category, states must at a minimum extend Medicaid to families with children if they meet the income, asset, and family composition rules used by states in their AFDC programs on July 16, 1996. (The category is sometimes known as the "section 1931" category because it was created by section 1931 of the Social Security Act). Families do not need to be on welfare in order to qualify for Medicaid under the new family coverage category.

Along with establishing this minimum criteria for Medicaid eligibility, federal law gives states broad flexibility to set the rules for their

Note to Users

The attached tables are not intended to be read as stand-alone documents, but rather in conjunction with the attached descriptions of the information that they contain. We suggest reviewing the general information provided in this section, as well as the notes that accompany each table, before interpreting the data.

family coverage categories, including to expand coverage for families with children beyond the basic requirements.[1]

- First, states can raise their July 1996 family income and asset standards for Medicaid to reflect changes in the cost of living. States can also lower their July 1996 income standards, but not below the level they were at as of May, 1988.

- Second, the law accords states broad flexibility to define what counts as income and assets. States can use the income and asset methodologies they used in their AFDC programs on July 16, 1996, or they can adopt "less restrictive" methodologies.

  For example, a state that disregarded $90 in earnings for families applying for welfare under its AFDC program on July 16, 1996 could use the "less restrictive" methodologies option to increase its earnings disregard for the family coverage category to $180 a month, or more.

- Third, states can use income, asset, and family composition rules that differ from the ones in their AFDC plans as of July 16, 1996 if they had an AFDC waiver that allowed them to adopt alternative rules. The waiver had to have been submitted to HHS before August 22, 1996, and approved on or before July 1, 1997.

- Fourth, as a result of a regulation issued by HHS on August 7, 1998, states can elect to drop the family composition rule that effectively limits Medicaid coverage under the family coverage category to single-parent families and a small number of two-parent families. Specifically, states can ease or eliminate the "100 hour rule," a requirement that the principal wage earner in a two-parent family work fewer than 100 hours a month if a family is to qualify for Medicaid coverage. If they do so, it allows two-parent families to qualify for Medicaid on the same grounds as single-parent families.[2]

Tables 1 through 7 capture the extent to which states have implemented the delinking of TANF and Medicaid, as well as how they have elected to take advantage of the flexibility available to them when establishing a family coverage category. Unless otherwise specified, these tables are based on the Medicaid eligibility rules that apply to a three-person family under the family coverage category. (See the explanation to Table 1 for details on the circumstances under which the tables

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[1] For a detailed explanation of the flexibility that states have to establish the rules for their family coverage categories, see Jocelyn Guyer and Cindy Mann, *Taking the Next Step: States Can Now Take Advantage of Federal Medicaid Matching Funds to Expand Health Care Coverage to Low-Income Working Parents,* Center on Budget and Policy Priorities, August, 1998.

[2] Note that two-parent families subject to the 100-hour rule requirement used to also be required to meet a "work history requirement" that restricted coverage to those two-parent families in which the principal wage earner had been employed for at least three out of the previous six months. When Medicaid eligibility for families with children was delinked from cash assistance, the work history requirement was eliminated.

provide information on the eligibility rules that apply to three-person families under other Medicaid eligibility categories). Since most children are eligible for Medicaid at significantly higher income and asset levels under categories other than the family coverage category (e.g., the poverty level eligibility groups for children), the eligibility rules noted in Tables 1 through 7 relate primarily to the circumstances under which *parents* can qualify for Medicaid.

Tables 1 through 7 also provide some information on the rules that states use to establish eligibility for TANF cash assistance, and whether these rules diverge from the Medicaid eligibility rules. In a number of cases, states have more generous eligibility rules for TANF than for Medicaid, creating the possibility that a family could be enrolled in TANF, but not enrolled in Medicaid. In practice, however, it appears that some states with more generous TANF eligibility rules have nevertheless continued to provide Medicaid coverage to all TANF recipients. Since such a policy is not allowed under federal law and so was not anticipated by the initial SPDP survey, readers should note that Tables 1 through 7 generally do not indicate whether a state with more generous TANF rules nevertheless provides Medicaid to all TANF recipients.[3] The only states for which the tables provide information on the use of such a policy is in states that have not yet established a family coverage category.

The 1996 federal welfare law also included other Medicaid-related provisions that gave states broader flexibility to make policy choices around the use of Medicaid sanctions and Medicaid coverage of legal immigrants. Table 8 provides information on which states have elected to take advantage of an option included in the 1996 federal welfare law to terminate the Medicaid coverage of a non-pregnant head of households who loses TANF as a result of refusal to work. In addition, Table 9 describes the choices states have made around coverage of legal immigrants in light of changes in rules regarding immigrants' eligibility for benefits included in the 1996 federal welfare law.

For more detailed information on each table, see the table-specific notes that precede it.

[3] Federal law does not allow states to provide special treatment to families under Medicaid simply because they happen to be enrolled in TANF. In order to provide Medicaid to all TANF recipients, a state must offer coverage on the same terms to families with children who elect not to participate in TANF. This means that states *can* automatically provide Medicaid to all families enrolled in TANF , but only as long as their Medicaid eligibility rules for families with children are the same or more generous than their TANF rules.

Tables

Table 1: States' Implementation of the Requirement to Replace the Automatic Eligibility Link Between Medicaid and Welfare with a Family Coverage Category

This table is designed to provide basic information on whether states have established a family coverage category (as required under federal law), as well as whether families with children have access to Medicaid through alternative routes. Note that most *children* are eligible for Medicaid at significantly higher income and asset levels under categories other than the family coverage category (e.g., the poverty level eligibility groups for children). Thus, the family coverage category rules described in this table primarily determine the extent to which *parents* are eligible for Medicaid coverage. In states without a family coverage category, this table provides information on the alternative circumstances under which *parents* can gain access to Medicaid.[4]

Column 1: Column 1 answers the basic question of whether a state has established a family coverage category.

Column 2: Column 2 identifies whether those states that have not yet implemented the federal requirement to create a family coverage category nevertheless provide coverage to some parents who are not on welfare. The states without family coverage categories may have extended Medicaid to parents in one of two ways:

- *Medically needy category* — Some states without a family coverage category do have a "medically needy" eligibility category for families with children that can be used to cover parents who are ineligible for or who elect not to be on TANF. (These states also generally provide Medicaid to all families on TANF.) The medically needy eligibility category for families with children is an optional Medicaid eligibility category that covers families who have income and assets below state-established medically needy standards or who fall below these standards after they "spend down" their "excess" income and assets on medical bills. Traditionally, the medically needy eligibility category has been used by states primarily for people with high medical bills, but, in some states, it also can serve as a source of coverage for other parents if their income and assets are below medically needy standards even when medical bills are not taken into account.

- *1115 waiver* — Some states without a family coverage category have expanded Medicaid to parents under a section 1115 Medicaid waiver. Note that the terms of the Medicaid coverage available to parents under a waiver may vary from what is available to them under a state's regular Medicaid program.

Column 3: Column 3 describes if a state covers parents via a Medicaid expansion enacted under an 1115 waiver and, if so, describes the extent of the expansion. Note that some

[4] For state-specific information on the income level at which children are eligible for Medicaid, see the table prepared by the Center on Budget and Policy Priorities at http://www.cbpp.org/shsh/elig.htm.

states with 1115 waiver expansions also have established a family coverage category, while others have not. The column describes the coverage of "parents" because children are eligible for Medicaid in almost every state at significantly higher income levels under alternative Medicaid eligibility categories.

Table 1
States' Implementation of the Requirement to Replace the Automatic Eligibility Link Between Medicaid and Welfare with a Family Coverage Category

	Has the state established a family coverage category?	**If no, is there a route to coverage for families with children who are not on welfare?**	**Has the state enacted a Medicaid expansion under an 1115 waiver that covers parents regardless of their welfare status?**
Totals	46 Yes 5 No		9 Yes 42 No
Alabama	Yes	n/a	No
Alaska	Yes	n/a	No
Arizona	Yes	n/a	No
Arkansas	Yes	n/a	No
California	Yes	n/a	No
Colorado	Yes	n/a	No
Connecticut	Yes	n/a	No
Delaware	Yes	n/a	Yes, covers all uninsured adults with countable income up to 100% of FPL
District of Columbia	Yes	n/a	No
Florida	Yes	n/a	No
Georgia	Yes	n/a	No
Hawaii	No	Yes, via a Medicaid expansion enacted under an 1115 waiver; HI also provides Medicaid to all TANF recipients	Yes, covers parents with gross income up to 100% of FPL
Idaho	Yes	n/a	No
Illinois	Yes	n /a	No
Indiana	Yes	n/a	No
Iowa	Yes	n/a	No
Kansas	Yes	n/a	No
Kentucky	Yes	n/a	No

Table 1 States' Implementation of the Requirement to Replace the Automatic Eligibility Link Between Medicaid and Welfare with a Family Coverage Category			
	Has the state established a family coverage category?	**If no, is there a route to coverage for families with children who are not on welfare?**	**Has the state enacted a Medicaid expansion under an 1115 waiver that covers parents regardless of their welfare status?**
Louisiana	Yes	n/a	No
Maine	Yes	n/a	No
Maryland	Yes	n/a	No
Massachusetts	No	Yes, via a Medicaid expansion enacted under an 1115 waiver; MA also provides Medicaid to all TANF recipients	Yes, covers all parents with gross income up to 133% of FPL
Michigan	Yes	n/a	No
Minnesota	Yes	n/a	Yes, covers parents with gross income up to 275% of FPL
Mississippi	Yes	n/a	No
Missouri	Yes	n/a	Yes, covers uninsured working parents with countable income up to 100% of FPL
Montana	Yes	n/a	No
Nebraska	No	Yes, via a medically needy category; NE also provides Medicaid to all TANF recipients	No
Nevada	Yes	n/a	No
New Hampshire	Yes	n/a	No
New Jersey	Yes	n/a	No
New Mexico	Yes	n/a	No
New York	Yes	n/a	No
North Carolina	Yes	n/a	No
North Dakota	Yes	n/a	No
Ohio	Yes	n/a	No
Oklahoma	Yes	n/a	No
Oregon	Yes	n/a	Yes, covers parents with gross income up to 100% of FPL
Pennsylvania	Yes	n/a	No

Table 1
States' Implementation of the Requirement to Replace the Automatic Eligibility Link Between Medicaid and Welfare with a Family Coverage Category

	Has the state established a family coverage category?	**If no, is there a route to coverage for families with children who are not on welfare?**	**Has the state enacted a Medicaid expansion under an 1115 waiver that covers parents regardless of their welfare status?**
Rhode Island	Yes	n/a	No
South Carolina	Yes	n/a	No
South Dakota	Yes	n/a	No
Tennessee	Yes	n/a	Yes, covers parents who have lost eligibility for regular Medicaid under the "family coverage" category up to 400% of FPL
Texas[5]	No	Yes, via a medically needy category; TX also provides Medicaid to all TANF recipients	No
Utah	No	Yes, via medically needy category; UT also provides Medicaid to all TANF recipients	No
Vermont	Yes	n/a	Yes, covers parents with countable income up to 150% of FPL
Virginia	Yes	n/a	No
Washington	Yes	n/a	No
West Virginia	Yes	n/a	No
Wisconsin	Yes	n/a	Yes, covers parents up to 185% of FPL and allows them to remain enrolled until their income reaches 200% of FPL
Wyoming	Yes	n/a	No

[5] The state of Texas plans to provide Transitional Medicaid Assistance to families with income below TANF limits in the state's medically needy eligibility category whose new or increased earnings or child support causes the family's income to exceed the TANF limits. When it does so, the state's medically needy eligibility category will serve a function identical to the family coverage category the state is required to create by federal law.

Table 2: Countable Income Test & Earnings Disregard Policies Used to Determine the Medicaid Eligibility of Families with Children

Table 2 provides information on the "countable income standard" and earnings disregard policies used by each state under its family coverage category to determine the Medicaid eligibility of a family of three. (States' policies on disregarding income from sources other than earnings and on disregarding selected expenses are explored in subsequent tables.) The "countable income standard" refers to the income level against which a family's monthly income is compared after deductions and disregards are taken into account in order to determine eligibility for Medicaid. Most states also have a gross income test that requires a family's income before deductions and disregards are taken into account to fall below a certain income level (see Table 3 for details).

Column 1: Column 1 shows the income level against which a family's monthly income is compared after deductions and disregards are taken into account in order to determine eligibility for Medicaid (i.e., the "countable income standard"). In states that have adopted an across-the-board income disregard that effectively increases the countable income standard for all families with children, the table displays the effective countable income standard that applies after the disregard is taken into account.

For example, the District of Columbia disregards all income between its July 16, 1996 AFDC income level and 200 percent of poverty. Thus, the District of Columbia is shown in column 1 to have a countable income standard of $2,275, an amount equal to 200 percent of the poverty level for a family of three.

When the countable income standard varies within a state, column 1 displays the standard that applies in the sub-state area with the largest number of Medicaid beneficiaries.

Column 2: Column 2 shows the earnings disregard policy that each state uses for families *applying* for Medicaid coverage (as opposed to families already enrolled in Medicaid). In this context, states typically define "applicants" as families who are not currently enrolled in Medicaid, and who have not been enrolled within the previous four months.

Column 3: Column 3 shows how each state treats the earnings of recipients who have been enrolled in Medicaid for 12 months or more. Note that a number of states have earnings disregard policies that vary depending on the length of time that a family has been enrolled in Medicaid, or that the adult in the family has been working. For example, states typically disregard $30 and 1/3 of remaining earnings during the first four months that a parent is employed. After four months, the disregard is scaled back. Table 2 does not attempt to capture all of these changes in state earnings disregard policies over time. Instead, it shows the policy that applies at the point of application (column 2), as well as the policy that applies to someone who has been enrolled in Medicaid for 12 months or more (column 3).

Unless otherwise noted, Table 2 presents information on the eligibility rules used by a state under its family coverage category. States marked with an "*" have not yet established such a category, but instead cover families with children not on welfare through a medically needy category. States marked with a "**" also have not established such a category, but instead cover such families under an 1115 waiver expansion. In these cases, Table 2 reflects the policies used by the state to determine the eligibility of families with children under its medically needy category or 1115 waiver rules.

Table 2
Countable Income Test & Earnings Disregard Policies Used to Determine the Medicaid Eligibility of Families with Children

	What is the state's countable income standard for its family coverage category?	How are applicants' earnings treated when determining countable income?	How are the earnings of recipients who have been enrolled in Medicaid for 12 months or more treated when determining countable income?
Alabama	$164	Disregard $90 in earnings	Disregard $90 in earnings
Alaska	$1,092	Disregard $90 in earnings	Disregard $150 + 33% of the remainder
Arizona	$347	Disregard $90 + 30% of the remainder (or $30 and 1/3 of the remainder whichever is more generous for the first four months only)	Disregard $90 + 30% of the remainder
Arkansas	$204	Disregard 20% of earnings	Disregard 20% of earnings + 60% of remaining earnings
California [6]	$775	Disregard $90 in earnings	Disregard $240 + 50% of remaining earnings
Colorado	$421	Disregard $90 in earnings	Disregard $90
Connecticut	$777 [7]	Disregard $90 in earnings	Disregard earnings up to 100% of FPL
Delaware	$338 for applicants $853 for recipients	Disregard $90 in earnings	Disregard $90 in earnings

[6] As of March 1, 2000, California will increase its effective countable income standard to 100 percent of the federal poverty level ($1,157 a month for a family of three in 1999). For applicants, the state will use the new effective countable income standard and a $90 work expense disregard. For recipients, the state will apply the new effective countable income standard and a $90 work expense or the old effective countable income standard ($775 a month for a family of three) and earnings disregard policy ($240 + 50 percent of remaining earnings), whichever is more advantageous to the recipient.

[7] Connecticut is planning to increase its effective countable income standard to 185 percent of the federal poverty level ($2,140 a month for a family of three in 1999) on July 1, 2000.

Table 2 Countable Income Test & Earnings Disregard Policies Used to Determine the Medicaid Eligibility of Families with Children			
	What is the state's countable income standard for its family coverage category?	**How are applicants' earnings treated when determining countable income?**	**How are the earnings of recipients who have been enrolled in Medicaid for 12 months or more treated when determining countable income?**
District of Columbia	$2,275	D.C. has expanded coverage for families with children up to 200% of poverty by disregarding all income between its old AFDC countable income standard and 200% of poverty; it does not in addition have a specific earnings disregard.	D.C. has expanded coverage for families with children up to 200% of poverty by disregarding all income between its old AFDC countable income standard and 200% of poverty; it does not in addition have a specific earnings disregard.
Florida	$303	Disregard $90 in earnings	Disregard $200 and 50% of the remainder
Georgia	$424	Disregard $90 in earnings	Disregard $90 in earnings
Hawaii **	$1,331	For pregnant women and children under 19 born after 9/30/83 only, disregard $90 from earnings of each employed individual.	For pregnant women and children under 19 born after 9/30/83, disregard $90 from earnings of each employed individual.
Idaho	$317	Disregard $90 in earnings	Disregard $90 in earnings
Illinois	$377	Disregard $90 in earnings	Disregard $90 in earnings
Indiana	$259	Disregard $90 in earnings	Disregard $90 in earnings
Iowa	$426	20% of earnings and 50% of the remainder	20% of gross earnings and 50% of the remainder
Kansas	$404	Disregard $90 in earnings	Disregard $90 in earnings and 40% of the remainder
Kentucky	$526	Disregard $90 in earnings	Disregard $90 in earnings
Louisiana	$174	Disregard $90 in earnings	Disregard $90 in earnings
Maine	$1,138	Disregard $90 in earnings	Disregard $90 in earnings
Maryland	$418	Disregard 20% of earnings	Disregard 20% of earnings
Massachusetts **	$1,539	No earnings disregard	No earnings disregard
Michigan	$459	Disregard $90 in earnings	Disregard $90 in earnings
Minnesota	$532	Disregard $120 and 1/3 of remaining earnings	Disregard $90 in earnings
Mississippi	$368	Disregard $90 in earnings	Disregard $90 in earnings

Table 2 Countable Income Test & Earnings Disregard Policies Used to Determine the Medicaid Eligibility of Families with Children			
	What is the state's countable income standard for its family coverage category?	**How are applicants' earnings treated when determining countable income?**	**How are the earnings of recipients who have been enrolled in Medicaid for 12 months or more treated when determining countable income?**
Missouri	$292	Disregard $90 in earnings	Disregard $90 in earnings
Montana	$476	Disregard $200 in earnings and 25% of the remainder	Disregard $200 in earnings and 25% of the remainder
Nebraska *	$393	Disregard 20% of earnings	Disregard 20% of earnings
Nevada	$828 for applicants $348 for recipients	Disregard $90 in earnings or 20% of earnings, whichever is more advantageous to the family	Disregard $90 in earnings or 20% of earnings, whichever is more advantageous to the family
New Hampshire	$575	Disregard 20% of earnings	Disregard 20% of earnings
New Jersey	$443	Disregard $90 in earnings	Disregard $90 in earnings
New Mexico	$389	Disregard $120 and 1/3 of remaining earnings	Disregard $120 and 1/3 of remaining earnings
New York	$577	Disregard $90 in earnings	Disregard $90 in earnings and 46% of the remainder
North Carolina	$544	Disregard $90 in earnings	Disregard $90 in earnings
North Dakota	$447	Disregard $90 or 27% of earnings (whichever is more advantageous to the family) plus $30 and 1/3 of remaining earnings	Disregard $90 or 27% of earnings (whichever is more advantageous to the family) plus $30 and 1/3 of remaining earnings
Ohio[8]	$362	Disregard $250 + 50% of remaining earnings	Disregard $250 + 50% of remaining earnings
Oklahoma	$471	Disregard $120 in earnings	Disregard $120 in earnings
Oregon	$460	Disregard $90 + $30 + 1/3 of remaining income or 50% of earnings, whichever is more advantageous to the family	Disregard $90 + $30 + 1/3 of remaining income or 50% of earnings, whichever is more advantageous to the family
Pennsylvania	$421	Disregard 50% of earnings or $90, whichever is more advantageous to the family	Disregard 50% of earnings or $90, whichever is more advantageous to the family

[8] On July 1, 2000, Ohio will give families the opportunity to be eligible for coverage for a two-year period if their countable incomes fall below 100 percent of the federal poverty level. After families use their two years of coverage at the 100 percent effective countable income standard, they will continue to be eligible for regular Medicaid if they meet the eligibility rules presented in these tables.

Table 2 Countable Income Test & Earnings Disregard Policies Used to Determine the Medicaid Eligibility of Families with Children			
	What is the state's countable income standard for its family coverage category?	**How are applicants' earnings treated when determining countable income?**	**How are the earnings of recipients who have been enrolled in Medicaid for 12 months or more treated when determining countable income?**
Rhode Island	$2,104	Disregard $90 in earnings	Disregard $90 in earnings
South Carolina	$568	Disregard $90 in earnings	Disregard $100 in earnings
South Dakota[9]	$796	No earnings disregard	No earnings disregard
Tennessee	$799	Disregard $90 in earnings	Disregard $90 in earnings
Texas*	$275	Disregard $90 in earnings	Disregard $90 in earnings
Utah*	$583	Disregard $90 in earnings	Disregard $90 in earnings
Vermont	$636	Disregard $150 in earnings and 25% of the remainder	Disregard $150 in earnings and 25% of the remainder
Virginia	$291	Disregard $90 in earnings	Disregard $90 in earnings
Washington	$546	Disregard 50% of earnings	Disregard 50% of earnings
West Virginia	$253	Disregard $90 in earnings	Disregard $90 in earnings
Wisconsin	$517	Disregard $90 plus $30 and 1/3 of remaining earnings for 12 months	Disregard $90 in earnings
Wyoming	$590	Disregard $200 in earnings	Disregard $200 in earnings

[9] South Dakota uses *only* a gross income test to determine whether families with children are eligible for Medicaid. Thus, a family of three is eligible for Medicaid if its gross income (i.e., income not adjusted by deductions or disregards) falls below $796 a month.

Table 3: Gross Income Test Rules Applied to Families With Children Under Medicaid and TANF

Table 3 provides information on whether a state uses a gross income test when evaluating eligibility for Medicaid under the family coverage category, and, if so the gross income standard for a family of three. It also provides information on a state's gross income test policy under TANF and whether this varies from the gross income test policy for Medicaid.

In states with a gross income test, a family generally must have gross income (i.e., income before deductions and disregards are taken into account) below the gross income standard, as well as countable income (i.e., income after disregards and deductions are taken into account) below the countable income standard displayed in Table 2. A number of states, however, have elected to simplify their Medicaid eligibility rules by effectively eliminating the gross income test. States can effectively eliminate their gross income test by disregarding all income for purposes of the gross income test under the less restrictive methodologies option.

Column 1: Column 1 indicates whether or not a state has retained the gross income test under the family coverage category. States that have used the less restrictive methodologies option to disregard all income for purposes of the gross income test are recorded in this column as not using a gross income test.

Column 2: In states with a gross income test for their family coverage categories, column 2 shows the gross income standard that applies to a family of three. In states where the gross income standard varies by area, this column displays the gross income standard that applies to the part of the state with the greatest number of Medicaid beneficiaries.

Column 3: Column 3 indicates whether or not a state uses a gross income test when determining a family's eligibility for TANF.

Column 4: In states with a gross income test for TANF, column 4 shows the TANF gross income standard that applies to a family of three. In states where the gross income standard varies by area, this column displays the TANF gross income standard that applies to the part of the state with the greatest number of TANF beneficiaries.

Column 5: Column 5 indicates whether or not a state's TANF and Medicaid gross income rules are identical.

Unless otherwise noted, Table 3 presents information on the eligibility rules used by a state under TANF and under its Medicaid family coverage category. States marked with an "*" have not yet established such a category, but instead cover families with children not on welfare through a medically needy category. States marked with a "**" also have not established such a category, but instead cover such families under an 1115 waiver expansion. In these cases, Table 3 reflects the policies used by the state to determine the eligibility of families with children under its medically needy or 1115 waiver rules.

Table 3 Gross Income Test Rules Applied to Families With Children Under Medicaid and TANF					
	Medicaid Does the state use a gross income test?	**Medicaid** If yes, what is the monthly gross income cutoff for a family of 3?	**TANF** Does the state use a gross income test?	**TANF** If yes, what is the monthly gross income cutoff for a family of 3?	Are the TANF and Medicaid gross income test rules identical?
Totals	32 Yes 19 No		36 Yes 15 No		12 Yes 30 No 9 n/a
Alabama	Yes	$1,245	No	n/a	No
Alaska	Yes	$2,020	Yes	$1,955	No
Arizona [10]	Yes	$1,783	Yes	$1,783	Yes
Arkansas	No	n/a	No	n/a	n/a
California	No	n/a	No	n/a	n/a
Colorado	Yes	$779	Yes	$779	Yes
Connecticut	No	n/a	No	n/a	n/a
Delaware	Yes	$1,578	Yes	$1,578	Yes
District of Columbia	Yes	$2,313 [11]	Yes	$1,317	No
Florida	Yes	$1,943	Yes	$1,111	No
Georgia	Yes	$784	Yes	$784	Yes
Hawaii **	No	n/a	Yes	$1,140	No (but, HI also provides Medicaid to all TANF recipients)
Idaho	Yes	$1,833	No	n/a	No
Illinois	No	n/a	Yes	more than one	No
Indiana	Yes	$533	Yes	more than one	No
Iowa	Yes	$1,570	Yes	$1,570	Yes
Kansas	No	n/a	No	n/a	n/a

[10] Note that Arizona applies a gross income test of $1,122 to assistance units that are not obligated to pay shelter costs under TANF and its Medicaid family coverage category.

[11] When evaluating eligibility, the District of Columbia compares gross income net child care expenses to 200% of poverty.

Table 3 **Gross Income Test Rules Applied to Families With Children Under Medicaid and TANF**					
	Medicaid Does the state use a gross income test?	**Medicaid** If yes, what is the monthly gross income cutoff for a family of 3?	**TANF** Does the state use a gross income test?	**TANF** If yes, what is the monthly gross income cutoff for a family of 3?	Are the TANF and Medicaid gross income test rules identical?
Kentucky	Yes	$974	Yes	$974	Yes
Louisiana	Yes	$1,108	No	n/a	No
Maine	No	n/a	Yes	more than one[12]	No
Maryland	Yes	$956	No	n/a	No
Massachusetts ** [13]	Yes	$1,539	Yes	more than one	No (but, MA also provides Medicaid to all TANF recipients)
Michigan	No	n/a	No	n/a	n/a
Minnesota	No	n/a	No	n/a	n/a
Mississippi	Yes	$680	Yes	$680	Yes
Missouri	Yes	$1,565	Yes	$1,565	Yes
Montana	Yes	$1,085	Yes	more than one	No
Nebraska*	No	n/a	No	n/a	n/a
Nevada	Yes	$1,532	Yes	$1,532	Yes
New Hampshire	No	n/a	No	n/a	n/a
New Jersey	Yes	$1,822	Yes (not applied to recipients)	$636	No
New Mexico	Yes	$720	Yes	$1,479	No
New York	Yes	$1,067	Yes	$1,067	Yes
North Carolina	No	n /a	Yes	$1,006	No
North Dakota	No	n/a	Yes	$784	No

[12] The TANF gross income test in Maine varies based on assistance units' circumstances. The gross income standard applied to the largest number of families is $1,023. Maine applies its gross income test to applicants and recipients at the time of their 6-month recertifications.

[13] Massachusetts compares gross income to 133% of the poverty level under its 1115 waiver.

Table 3 Gross Income Test Rules Applied to Families With Children Under Medicaid and TANF					
	Medicaid Does the state use a gross income test?	**Medicaid** If yes, what is the monthly gross income cutoff for a family of 3?	**TANF** Does the state use a gross income test?	**TANF** If yes, what is the monthly gross income cutoff for a family of 3?	Are the TANF and Medicaid gross income test rules identical?
Ohio	Yes	$1,813	Yes (not applied to recipients)	$630	No
Oklahoma	No	n/a	Yes	$1,193	No
Oregon	Yes	$1,157	Yes	$616	No
Pennsylvania	Yes	$1,086	Yes	$1,086	Yes
Rhode Island	No	n/a	No	n/a	n/a
South Carolina	No	n/a	Yes	$1,069	No
South Dakota	Yes	$795	No	n/a	No
Tennessee	Yes	$1,478	Yes	$1,478	Yes
Texas*	Yes	$1,389	Yes	more than one[14]	No (but, TX also provides Medicaid to all TANF recipients)
Utah *	No	n /a	Yes	$1,050	No (but, UT also provides Medicaid to all TANF recipients)
Vermont	No	n/a	Yes	more than one	No
Virginia	Yes	$595	Yes	more than one[15]	No
Washington	No	n/a	Yes	more than one	No
West Virginia	Yes	$1,833	Yes	$991	No
Wisconsin	Yes	$1,196	Yes	$1,308	No

[14] Texas's TANF gross income test varies for caretaker and non-caretaker families and for families with one or two parents.

[15] Families that participate in Virginia's "VIEW" program have a higher TANF gross income standard than families that are exempt from VIEW participation.

Table 3 **Gross Income Test Rules Applied to Families** **With Children Under Medicaid and TANF**					
	Medicaid Does the state use a gross income test?	**Medicaid** If yes, what is the monthly gross income cutoff for a family of 3?	**TANF** Does the state use a gross income test?	**TANF** If yes, what is the monthly gross income cutoff for a family of 3?	Are the TANF and Medicaid gross income test rules identical?
Wyoming	Yes	$790	No	n/a	No

Table 4: States' Use of Child Care Deductions When Determining Eligibility for TANF and for Medicaid Under the Family Coverage Category

Table 4 describes how states' treat child care expenses when they evaluate whether or not a family is eligible for Medicaid under the family coverage category. It also compares these Medicaid policies to states' treatment of child care expenses under the eligibility rules for their TANF programs.

When evaluating a family's eligibility for Medicaid, states minimally are required to disregard the amount of child care expenses that they disregarded when evaluating AFDC eligibility on July 16, 1996. (In general, most states on July 16, 1996 disregarded up to $175 per month per child age two or older in actual child care costs and $200 per month per child under the age of two). However, states also can adopt more generous disregards of child care expenses under their family coverage categories. States also have complete discretion to determine what child care disregards they will use when evaluating a family's TANF eligibility. Many states without child care disregards directly subsidize the child care assistance that is provided to low-income families (e.g., in the form of vouchers). Since many of these families consequently will incur little or no child care expenses, it reduces the significance of a state's child care disregard policies, at least for those families who receive the direct subsidy.

Column 1: Column 1 describes the child care disregards used by a state when evaluating a family's eligibility for Medicaid.

Column 2: Column 2 describes the child care disregards used by a state when evaluating a family's eligibility for TANF.

Column 3: Column 3 indicates whether or not a state's Medicaid and TANF child care disregards are identical.

Unless otherwise noted, Table 4 presents information on the child care deductions used by a state under its Medicaid family coverage category. States marked with an "*" have not yet established such a category, but instead cover families with children not on welfare through a medically needy category. States marked with a "**" also have not established such a category, but instead cover such families under an 1115 waiver expansion. In these cases, Table 4 reflects the policies used by the state to determine the eligibility of families with children under its medically needy or 1115 waiver rules.

Table 4
States' Use of Child Care Deductions When Determining Eligibility for TANF and for Medicaid Under the Family Coverage Category

	Medicaid child care deductions	TANF child care deductions	Are the Medicaid and TANF child care deductions the same?
Totals			27 Yes 22 No 2 Not available
Alabama	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Yes
Alaska	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Yes
Arizona	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Yes
Arkansas	No child care disregard	No child care disregard	Yes
California	Disregard up to $175 per month per child in actual costs ($200 for children <2)	No child care disregard	No
Colorado	Disregard up to $175 per month per child in actual costs ($200 for children <2)	No child care disregard	No
Connecticut	No childcare disregard	No childcare disregard	Yes
Delaware	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Yes
District of Columbia	Disregard all child care expenses	Disregard up to $175 per month per child in actual costs ($200 for children <2)	No
Florida	Disregard up to $175 per month per child in actual costs ($200 for children <2)	No child care disregard	No
Georgia	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Yes
Hawaii **	No child care disregard	No child care disregard	Yes
Idaho	Disregard up to $175 per month per child in actual costs ($200 for children <2)	No child care disregard	No

Table 4
States' Use of Child Care Deductions When Determining Eligibility for TANF and for Medicaid Under the Family Coverage Category

	Medicaid child care deductions	TANF child care deductions	Are the Medicaid and TANF child care deductions the same?
Illinois	Disregard up to $175 per month per child in actual costs ($200 for children <2)	No child care disregard	No
Indiana	Disregard up to $175 per month per child in actual costs ($200 for children <2)	No child care disregard	No
Iowa	Disregard up to $175 per month per child in actual costs ($200 for children <2)	No child care disregard	No
Kansas	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Yes
Kentucky	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Yes
Louisiana	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Not available	Not available
Maine	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child age 2 to 12 in actual costs ($200 for children <2)	No
Maryland	Disregard up to $100 per month per child in actual costs for part-time workers and $200 per month for full-time workers	Disregard $200 per child if parent works 100 or more hours. Disregard $100 per child for less than 100 hours worked	No
Massachusetts**	Not disregarded under Section 1115 Medicaid waiver	Disregard up to $175 per month per child in actual costs ($200 for children <2)	No (but, MA also provides Medicaid to all TANF recipients)
Michigan	Disregard up to $175 per month per child in actual costs ($200 for children <2)	No child care disregard	No
Minnesota	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Yes
Mississippi	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Yes
Missouri	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child age 2 to 13 in actual costs ($200 for children <2)	No

Table 4 States' Use of Child Care Deductions When Determining Eligibility for TANF and for Medicaid Under the Family Coverage Category			
	Medicaid child care deductions	**TANF child care deductions**	**Are the Medicaid and TANF child care deductions the same?**
Montana	Disregard up to $200 in actual expenses per dependent child age 0-13 (also includes care for older individuals who are disabled)	Disregard up to $200 in actual expenses per dependent child age 0-13 (also includes care for older individuals who are disabled)	Yes
Nebraska*	Disregard all actual out of pocket child care expenses	Disregard all actual out of pocket child care expenses	Yes
Nevada	Disregard actual "out of pocket"child care expenses if verified	Disregard actual "out of pocket" child care expenses if verified	Yes
New Hampshire	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Yes
New Jersey	Disregard up to $175 per month per child in actual costs ($200 for children <2)	No child care disregard	No
New Mexico	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Yes
New York	Disregard up to $175 per month per child in actual costs ($200 for children <2)	No child care disregard	No
North Carolina	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Yes
North Dakota	Disregard reasonable child care expenses	Disregard up to $400 per month per child age 2 to 18 in actual costs ($440 for children <2)	No
Ohio	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Yes
Oklahoma	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child age 2 to 12 in actual costs ($200 for children <2)	No
Oregon	Disregard up to $175 per month per child in actual costs ($200 for children <2)	No child care disregard	No
Pennsylvania	Disregard up to $175 per month per child in actual costs ($200 for children <2)	No child care disregard	No

Table 4 States' Use of Child Care Deductions When Determining Eligibility for TANF and for Medicaid Under the Family Coverage Category			
	Medicaid child care deductions	**TANF child care deductions**	**Are the Medicaid and TANF child care deductions the same?**
Rhode Island	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Yes
South Carolina	Disregard up to $200 per month per child in actual costs (up to age 12)	No child care disregard	No
South Dakota	No child care disregard	No child care disregard	Yes
Tennessee	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child age 2 to 12 in actual costs ($200 for children <2)	Yes
Texas*	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Yes
Utah*	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Yes
Vermont	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Not available	Not available
Virginia	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Yes
Washington	Disregard all actual expenses	No child care disregard	No
West Virginia	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Disregard up to $175 per month per child in actual costs ($200 for children <2)	Yes
Wisconsin	Disregard up to $175 per month per child in actual costs ($200 for children <2)	No child care disregard	No
Wyoming	No child care disregard	No child care disregard	Yes

Table 5: States' Treatment of Child Support Income When Determining Eligibility for TANF and Medicaid Under the Family Coverage Category

Table 5 describes how states' treat families' child support income when they evaluate whether or not they are eligible for Medicaid under the family coverage category. It also compares these Medicaid policies to states' treatment of child support income under their TANF eligibility rules.

When evaluating a family's eligibility for Medicaid, states minimally are required to disregard the amount of child support income that they disregarded when evaluating AFDC eligibility on July 16, 1996. (In general, most states on July 16, 1996 disregarded up to $50 per month in child support income). However, states also can adopt more generous disregards of child support income under their family coverage categories. States also have discretion to decide how much child support income they will disregard when evaluating a family's TANF eligibility.

Column 1: Column 1 describes the child support disregards used by a state when evaluating a family's eligibility for Medicaid.

Column 2: Column 2 describes the child support disregards used by a state when evaluating a family's eligibility for TANF. In some states, child support disregards vary depending on whether a state is evaluating a family's *eligibility* for TANF benefits or the *amount* of TANF benefits that it will receive. Column 2 does not address how child support income is treated when a state is calculating the size of a family's TANF benefit, only how it is treated for purposes of determining *eligibility* for TANF benefits.

Column 3: Column 3 indicates whether or not a state's Medicaid and TANF child support disregards are identical.

Unless otherwise noted, Table 5 presents information on the Medicaid eligibility rules used by a state under its family coverage eligibility category. States marked with an "*" have not yet established such a category, but instead cover families with children not on welfare through a medically needy category. States marked with a "**" also have not established such a category, but instead cover such families under an 1115 waiver expansion. In these cases, Table 5 reflects the policies used by the state to determine the eligibility of families with children under its medically needy or 1115 waiver rules.

States marked with "***" use "fill-the-gap" budgeting rules under TANF. In these states the TANF countable income standard (shown in Table 2) is set at a level about the maximum amount of cash benefits that a family can receive. Child support payments that bring the family's income above the maximum amount of benefits that it can receive, but that remain below the TANF countable income standard, are not counted against the family for the purpose of determining eligibility for Medicaid or for the purpose of determining the size of the family's TANF benefits.

Table 5 States' Treatment of Child Support Income When Determining Eligibility for TANF and Medicaid Under the Family Coverage Category			
	Medicaid **How is child support income treated?**	**TANF** **How is child support income treated for purposes of eligibility?**	**Are the TANF and Medicaid policies the same?**
Totals	32 Disregard up to $50 6 Other disregard 12 No disregard 1 Not available	12 Disregard up to $50 9 Other disregard 30 No disregard	27 Yes 23 No 1 Not available
Alabama	Disregard up to $50	No disregard.	No
Alaska	Disregard up to $50	Disregard up to $50	Yes
Arizona	Disregard up to $50	No disregard	No
Arkansas	No disregard	No disregard	Yes
California	Disregard up to $50	Disregard up to $50	Yes
Colorado	Disregard up to $50	No disregard	No
Connecticut	Disregard up to $100	Disregard up to $100	Yes
Delaware***	Disregard up to $50 plus some or all additional child support income under "fill-the-gap" budgeting rules	Disregard up to $50 plus some or all additional child support income under "fill-the-gap" budgeting rules	Yes
District of Columbia	No disregard	No disregard	Yes
Florida	Disregard up to $50	No disregard	No
Georgia ***	Disregard up to $50 plus some or all additional child support income under "fill-the-gap" budgeting rules	Disregard up to $50 plus some or all additional child support income under "fill-the-gap" budgeting rules	Yes
Hawaii **	No disregard	No disregard	Yes
Idaho	Disregard up to $50	No disregard	No
Illinois	Disregard up to $50	Disregard up to $50	Yes
Indiana	Disregard up to $50	No disregard	No
Iowa	Disregard up to $50	No disregard [16]	No

[16] Iowa has retained a $50 disregard of child support income for families who were enrolled in AFDC prior to enactment of the 1996 federal welfare law and who were benefitting from the state's child support disregard policy.

Table 5 States' Treatment of Child Support Income When Determining Eligibility for TANF and Medicaid Under the Family Coverage Category			
	Medicaid **How is child support income treated?**	**TANF** **How is child support income treated for purposes of eligibility?**	**Are the TANF and Medicaid policies the same?**
Kansas [17]	No disregard	No disregard	Yes
Kentucky	Disregard up to $50	No disregard	No
Louisiana	Disregard up to $50	No disregard	No
Maine ***	Disregard up to $50 plus some or all additional child support income under "fill-the-gap" budgeting rules	Disregard up to $50 plus some or all child support income under "fill-the-gap" budgeting rules	Yes
Maryland	No disregard	No disregard	No
Massachusetts **	No disregard	Disregard up to $50 for children included in the TANF grant. Disregard up to $90 for a child excluded from the grant due to family cap	No (but, MA also provides Medicaid to all TANF recipients)
Michigan	Disregard up to $50	Disregard up to $50	Yes
Minnesota	Disregard up to $50	No disregard	No
Mississippi	Disregard up to $50	No disregard	No
Missouri	No disregard	No disregard	Yes
Montana	No disregard	No disregard	Yes
Nebraska *	No disregard	No disregard	Yes
Nevada	Disregard up to $75	Disregard up to $75	Yes
New Hampshire	No disregard	No disregard	Yes
New Jersey	Disregard up to $50	Disregard up to $50	Yes
New Mexico	Disregard up to $50	Disregard up to $50	Yes
New York	Disregard up to $50	Disregard up to $50	Yes
North Carolina	Disregard up to $50	No disregard	No
North Dakota	Disregard up to $50	No disregard	No

[17] Kansas has passed a law mandating a disregard of up to $40 in child support income under TANF and Medicaid, but this disregard policy has not yet been implemented due to difficulties reprogramming the state's computer system.

Table 5 States' Treatment of Child Support Income When Determining Eligibility for TANF and Medicaid Under the Family Coverage Category			
	Medicaid **How is child support income treated?**	**TANF** **How is child support income treated for purposes of eligibility?**	**Are the TANF and Medicaid policies the same?**
Ohio	Disregard up to $50	No disregard	No
Oklahoma	No disregard	No disregard	Yes
Oregon	Disregard up to $50	No disregard	No
Pennsylvania	Disregard up to $50	Disregard up to $50	Yes
Rhode Island	Disregard up to $50	Disregard up to $50	Yes
South Carolina ***	Disregard up to $50	Child support income may be disregarded under "fill-the-gap" budgeting rules	No
South Dakota	Disregard up to $50	No disregard	No
Tennessee ***	Child support income may be disregarded under "fill-the-gap" budgeting rules	Child support income may be disregarded under "fill-the-gap" budgeting rules	Yes
Texas*	Disregard up to $50	Disregard up to $50	Yes
Utah*	Disregard up to $50	No disregard	No (but, UT also provides Medicaid to all TANF recipients)
Vermont	Not available	Disregard up to $50	**Not available**
Virginia	Disregard up to $50	Disregard up to $50	Yes
Washington	No disregard	No disregard	Yes
West Virginia [18]	Disregard up to $50	No disregard	No
Wisconsin	Disregard up to $50	For all but a small group of beneficiaries (who receive up to a $50 disregard of child support income), Wisconsin disregards all child support income	No
Wyoming	Disregard up to $50	No disregard	No

[18] When discontinuing the $50 disregard under TANF, West Virginia instituted a policy in which the TANF grant is increased by $50 for families when child support is collected.

Table 6: States' Asset Rules Under Their Medicaid Family Coverage Category and TANF

Table 6 provides information on the asset limit that a family of three must meet in order to qualify for Medicaid under the family coverage category in each state. It also describes how the first vehicle in a family is treated for purposes of evaluating whether a family meets this asset limit, as well as the asset limit and first vehicle rules that apply under TANF.

When evaluating a family's eligibility for Medicaid, states at a minimum must use the asset limit and the methodologies for deciding what "counts" as an asset that they used in their AFDC programs on July 16, 1996. Under standard AFDC rules from July 16, 1996, families had to have less than $1,000 in assets in order to qualify for benefits. When states evaluated whether families met this asset limit, they were required to disregard the value of a family's home, the equity value of one car up to $1,500, and a selected number of other items. Under the family coverage category, states now can ease or even eliminate the asset test that applies to families with children using the "less restrictive methodologies" option. For example, a state that wanted to effectively increase its asset limit to $10,000 could "disregard" (i.e., not count) $9,000 of families' assets toward the limit. Thus, a family with $10,000 in assets would be treated as having "countable" assets of $1,000 and would meet the $1,000 asset limit ($10,000 - $9,000 in disregarded assets = $1,000 in "countable" assets, an amount that is equal to the asset limit of $1,000). By disregarding all assets, a number of states have effectively eliminated the asset test for families with children seeking Medicaid coverage.

In TANF, states can set their asset limits at whatever level they deem appropriate, as well as define what counts as an asset.

Column 1: Column 1 displays the asset limit that a state uses for a family of three under its family coverage category. If a state has adopted an across-the-board disregard of assets, this column displays the effective asset limit in the state for a family of three after taking into account the disregard. For example, if a state with a $1,000 asset limit does not count the first $9,000 of a family's assets, this column would read "$10,000" .

Column 2: Column 2 describes how states with asset limits treat a family's first vehicle. Note that if a family has a second vehicle, these same policies may not apply to the second vehicle.

Column 3: Column 3 displays the asset limit that a state uses for a family of three under its TANF program. Note that in some states, this limit may vary depending on whether the family includes an elderly or disabled member.

Column 4: Column 4 describes how states treat a family's first vehicle when evaluating TANF eligibility. Note that if a family has a second vehicle, these same policies may not apply to the second vehicle.

Column 5: Column 5 indicates whether or not a state's asset limits and treatment of first vehicles for families with children are the same under Medicaid and TANF.

Unless otherwise noted, Table 6 presents information on the Medicaid eligibility rules used by a state under its family coverage category. States marked with an "*" have not yet established such a category, but instead cover families with children not on welfare through a medically needy category. States marked with a "**" also have not established such a category, but instead cover such families under an 1115 waiver expansion. In these cases, Table 6 reflects the policies used by the state to determine the eligibility of families with children under its medically needy or 1115 waiver rules.

Table 6
States' Asset Rules Under TANF and the Medicaid Family Coverage Category

State	Medicaid Asset limit	Medicaid Treatment of first car	TANF Asset limit	TANF Treatment of first car	Are the Medicaid and TANF asset rules the same?
Totals					25 Yes 26 No
Alabama	$2,000	Disregard value of one vehicle	$2,000	Disregard value of one vehicle	Yes
Alaska	$1,000	Disregard value of one vehicle	$1,000	Disregard value of one vehicle	Yes
Arizona	$2,000	Disregard value of one vehicle	$2,000	Disregard value of one vehicle	Yes
Arkansas	$1,000	Disregard value of one vehicle	$3,000	Disregard value of one vehicle	No
California	$3,150	Disregard fair market value of one or more vehicles up to a total of $4,650	$2,000	Disregard fair market value of one or more vehicles up to a total of $4,650	No
Colorado	$2,000	Disregard value of one vehicle	$2,000	Disregard value of one vehicle	Yes
Connecticut [19]	$3,000	Disregard equity value of one vehicle up to $9,500 or one vehicle used to transport a handicapped person	$3,000	Disregard equity value of one vehicle up to $9,500 or one vehicle used to transport a handicapped person	Yes

[19] On July 1, 2000, Connecticut will eliminate the asset test for families with children.

Table 6 States' Asset Rules Under TANF and the Medicaid Family Coverage Category					
State	**Medicaid Asset limit**	**Medicaid Treatment of first car**	**TANF Asset limit**	**TANF Treatment of first car**	**Are the Medicaid and TANF asset rules the same?**
Delaware [20]	$1,000	Disregard equity value of one vehicle up to $4,650	$1,000	Disregard equity value of one vehicle up to $4,650	Yes
District of Columbia	No asset test	n/a	$2,000	Disregard fair market value of one vehicle up to $4,650	No
Florida	$2,000	For families subject to work requirements, disregard vehicles with a combined value of up to $8,500; for families not subject to work requirement, disregard one vehicle with a value up to $8,500	$2,000	For families subject to work requirements, disregard vehicles with a combined value of up to $8,500; for families not subject to work requirement, disregard one vehicle with a value up to $8,500	Yes
Georgia	$1,000	Disregard the equity value of one vehicle up to $4,650	$1,000	Disregard equity value of one vehicle up to $4,650	Yes
Hawaii**	$2,000	Disregard value of one vehicle for daily use or fair market value of one vehicle up to $4,500	$5,000	Disregard value of one vehicle	No (but, HI also provides Medicaid to all TANF recipients)
Idaho	$1,000	Disregard equity value of one vehicle up to $1,500	$2,000	Disregard fair market value of one vehicle up to $4,650	No
Illinois	No asset limit	n/a	$3,050	Disregard value of one vehicle	No
Indiana	$1,000	Disregard equity value of one vehicle up to $5000.	$1,500	Disregard equity value of one vehicle up to $5,000	No

[20] Delaware has eliminated the asset test for families seeking coverage under the Diamond State Health Plan, the state's Section 1115 waiver program that offers coverage to uninsured Delaware residents with gross income up to 100 percent of the poverty level.

Table 6 States' Asset Rules Under TANF and the Medicaid Family Coverage Category					
State	**Medicaid Asset limit**	**Medicaid Treatment of first car**	**TANF Asset limit**	**TANF Treatment of first car**	**Are the Medicaid and TANF asset rules the same?**
Iowa	$2,000 for applicants; $5,000 for recipients	Disregard equity value of one vehicle up to $3,916	$2,000 for applicants; $5,000 for recipients	Disregard equity value of one vehicle up to $3,916	Yes
Kansas	$2,000	Disregard value of one vehicle	$2,000	Disregard value of one vehicle	Yes
Kentucky	$1,000	Disregard equity value of one vehicle up to $1,500	$2,000	Disregard value of one vehicle	No
Louisiana	$1,000	Disregard equity value of one vehicle up to $10,000	$2,000	Disregard equity value of one vehicle up to $10,000	No
Maine	$2,000	Disregard value of one vehicle	$2,000	Disregard value of one vehicle	Yes
Maryland	$2,000	Disregard value of one vehicle	$2,000	Disregard value of one vehicle	Yes
Massachusetts**	No asset limit	n/a	$2,500	Disregard fair market value of one vehicle up to $5,000	No (but, MA also provides Medicaid to all TANF recipients)
Michigan	$3,000	Disregard equity value of one vehicle up to $1,500	$3,000	Disregard the value of all vehicles	No
Minnesota [21]	$6,200	Disregard value of first vehicle [22]	$2,000 for applicants; $5,000 for recipients	Disregard fair market value of any number of vehicles up to $7,500; any value over $7,500 is treated as if it were equity value	No

[21] Minnesota has eliminated the asset test for families seeking coverage under MinnesotaCare, the state's Section 1115 waiver program that offers subsidized coverage for families with children up to 275 percent of the poverty level.

[22] The first vehicle in Minnesota is disregarded only if used for a residence, employment, access to medical care, has been modified to transport disabled person, or if needed to perform essential daily activities due to climate, terrain, distance or similar factors.

Table 6 States' Asset Rules Under TANF and the Medicaid Family Coverage Category					
State	**Medicaid Asset limit**	**Medicaid Treatment of first car**	**TANF Asset limit**	**TANF Treatment of first car**	**Are the Medicaid and TANF asset rules the same?**
Mississippi	No asset limit	n/a	$2,000	Disregard value of one vehicle	No
Missouri	No asset limit	n/a	$5,000 for recipients who sign a self-sufficiency pact; $1000 for applicants and other recipients	Disregard value of one vehicle	No
Montana	$3,000	Disregard value of one vehicle	$3,000	Disregard value of one vehicle	Yes
Nebraska*	$6,000	Disregard value of one vehicle used for medical or employment purposes	$6,000	Disregard value of one vehicle used for medical or employment purposes	Yes
Nevada	$2,000	Disregard value of one vehicle	$2,000	Disregard value of one vehicle	Yes
New Hampshire	$1,000 for applicants; $2,000 for recipients	Disregard equity value of one vehicle for each parent/caretaker	$1,000 for applicants; $2,000 for recipients	Disregard equity value of one vehicle for each parent/caretaker	Yes
New Jersey	$2,000	Disregard fair market value of one vehicle up to $9,500	$2,000	Disregard fair market value of one vehicle up to $9,500	Yes
New Mexico	$1,500 in liquid assets and $2,000 in other assets	Disregard value of one vehicle	$1,500 in liquid assets and $2,000 in other assets	Disregard value of one vehicle	Yes
New York	$3,000	Disregard either the fair market value of one vehicle up to $4,650 or the equity value of $1,500, whichever is more favorable.	$2,000	Disregard fair market value of one vehicle up to $4,650	No

Table 6 States' Asset Rules Under TANF and the Medicaid Family Coverage Category					
State	**Medicaid Asset limit**	**Medicaid Treatment of first car**	**TANF Asset limit**	**TANF Treatment of first car**	**Are the Medicaid and TANF asset rules the same?**
North Carolina	$3,000	Disregard fair market value of one vehicle up to $5,000	$3,000	Disregard fair market value of one vehicle up to $5,000	Yes
North Dakota	$8,000	Disregard value of one vehicle	$8,000	Disregard value of one vehicle	Yes
Ohio	No asset limit	n/a	No asset limit	n/a	Yes
Oklahoma	No asset limit	n/a	$1,000	Disregard equity value of one vehicle up to $5,000	No
Oregon [23]	$10,000 for JOBS/JOBS Plus program participants; $2,500 for applicants and/or ADC families	Disregard equity value of one vehicle up to $10,000	$10,000 for JOBS/JOBS Plus program participants; $2,500 for applicants and/or ADC families	Disregard equity value of one vehicle up to $10,000	No (OR's asset rules under Medicaid and TANF differ for reasons not addressed in this table)
Pennsylvania	No asset limit	n/a	$1,000	Disregard value of one vehicle	No
Rhode Island	No asset limit	n/a	$1,000	Disregard fair market value of one vehicle up to $4,650 or disregard equity value of one vehicle up to $1500. Entire value of one vehicle may be disregarded for certain purposes.	No
South Carolina	$2,500	Disregard value of one vehicle per working adult	$2,500	Disregard value of one vehicle per working adult	Yes

[23] Under the Oregon Health Plan, which offers coverage for families with children with gross income up to 100 percent of poverty, the asset limit is set at $5,000.

Table 6
States' Asset Rules Under TANF and the Medicaid Family Coverage Category

State	Medicaid Asset limit	Medicaid Treatment of first car	TANF Asset limit	TANF Treatment of first car	Are the Medicaid and TANF asset rules the same?
South Dakota	$2,000	Disregard fair market value of one vehicle up to $4,650 or equity value up to $1,500 (whichever is most beneficial)	$2,000	Disregard fair market value of one vehicle up to $4,650	No
Tennessee	$2,000	Disregard equity value of`one vehicle up to $4,600	$2,000	Disregard equity value of one vehicle up to $4,600	Yes
Texas *	$2,000	Disregard fair market value of any vehicle(s) up to $4,650	$2,000	Disregard fair market value of any vehicle(s) used for income producing purposes up to $4,650	Yes
Utah*	$3,025	Disregard equity value up to $1,500 of one vehicle used for transportation.	$2,000	Disregard equity value of one vehicle in excess of $8,000; disregard entire equity value of one vehicle if it is modified to transport a disabled individual	No (but, UT also provides Medicaid to all TANF recipients)
Vermont	$2,000 [24]	Disregard equity value of one vehicle	$1,000	Disregard equity value of one vehicle up to $1,500	No
Virginia	$1,000	Disregard value of one vehicle	$1,000	Disregard fair market value of one vehicle up to $7,500. If fair market value exceeds $7,500, equity value in excess of $1,500 is treated as a countable asset.	No

[24] Vermont has eliminated the asset test for families seeking coverage under its Section 1115 waiver program which offers subsidized coverage to families with children with income up to 150 percent of the poverty level.

Table 6 States' Asset Rules Under TANF and the Medicaid Family Coverage Category					
State	**Medicaid Asset limit**	**Medicaid Treatment of first car**	**TANF Asset limit**	**TANF Treatment of first car**	**Are the Medicaid and TANF asset rules the same?**
Washington	$1000 for applicants and recipients; recipients can also have $3000 in a savings account	Disregard equity value of one vehicle up to $5,000	$1000 for applicants and recipients; recipients can also have $3000 in a savings account	Disregard equity value of one vehicle up to $5,000	Yes
West Virginia	$1,000	Disregard equity value of one vehicle up to $1,500	$2,000	Disregard value of one vehicle	No
Wisconsin	$1,000 [25]	Disregard equity value of one vehicle up to $1,500	$2,500	Disregard equity value of one vehicle up to $10,000	No
Wyoming	$2,500	Disregard value of one vehicle	$2,500	Disregard fair market value of one vehicle up to $12,000	No

[25] Wisconsin has eliminated the asset test for families seeking coverage under BadgerCare, the state's Section 1115 waiver program that offers subsidized coverage to families with children with income up to 185 percent of the poverty level. Once enrolled in BadgerCare, families can retain their coverage until their income rises above 200 percent of the poverty level.

Table 7: Treatment of Two-Parent Families Under Medicaid

Table 7 shows whether or not a state has decided to cover two-parent families to the same extent that it covers single-parent families under Medicaid by eliminating the so-called “100-hour” rule. The 100-hour rule, which is a remnant of the old AFDC system, restricts Medicaid coverage to two-parent families in which the principal wage earner works fewer than 100 hours a month. As a result of a regulation issued by the Department of Health and Human Services on August 7, 1998, all states now have the option to effectively drop the 100-hour rule and to provide Medicaid to two-parent families on the same terms that it is available to single-parent families.[26] Even prior to the regulation, a majority of states had statewide waivers that gave them the option to dispense with the 100-hour rule requirement when determining a family’s eligibility for Medicaid.

Unless otherwise noted, the information in Table 7 is based on a state’s Medicaid rules for two-parent families under its family coverage category. States marked with an “*” have not yet established a family coverage category, but do have a medically needy category and the information in this table is based on their medically needy eligibility rules. States marked with “**” have not yet established a family coverage category, but have expanded coverage to low-income working parents under an 1115 waiver.

Table 7
Treatment of Two-Parent Families Under Medicaid

	Cover two-parent families to the same extent as single-parent families?
Totals	35 Yes 15 No 1 Varies
Alabama	Yes
Alaska	Yes
Arizona	Yes
Arkansas	No
California[27]	New applicants — No; Recipients – Yes
Colorado	Yes
Connecticut	Yes

[26] Note that two-parent families subject to the 100-hour rule requirement used to also be required to meet a “work history requirement” that restricted coverage to those two-parent families in which the principal wage earner had been employed for at least three out of the previous six months. When Medicaid eligibility for families with children was delinked from cash assistance, the work history requirement was eliminated.

[27] As of March 1, 2000, California also will waive the 100-hour rule for any applicant family with net earnings below 100 percent of the federal poverty level.

Table 7 Treatment of Two-Parent Families Under Medicaid	
	Cover two-parent families to the same extent as single-parent families?
Delaware	Yes
District of Columbia	Yes
Florida	No
Georgia	Yes
Hawaii **	Yes
Idaho	Yes
Illinois	Yes
Indiana	Yes
Iowa	Yes
Kansas	Yes
Kentucky	No
Louisiana	No
Maine	No
Maryland	Yes
Massachusetts **	Yes
Michigan	Yes
Minnesota	Yes
Mississippi	Yes
Missouri	Yes
Montana	Yes
Nebraska *	No
Nevada	Yes
New Hampshire	No
New Jersey	Yes
New Mexico	Yes
New York	Yes
North Carolina	Yes
North Dakota	No
Ohio	Yes
Oklahoma	No
Oregon	Yes

Table 7 Treatment of Two-Parent Families Under Medicaid	
	Cover two-parent families to the same extent as single-parent families?
Pennsylvania	No
Rhode Island	Yes
South Carolina	Yes
South Dakota	Yes
Tennessee	No
Texas*	Yes
Utah*	No
Vermont	Yes
Virginia	Yes
Washington	Yes
West Virginia	No
Wisconsin	No
Wyoming	No

Table 8: States Exercising the Option to Terminate the Medicaid Coverage of a Non-Pregnant Head of Household Who Loses TANF for Refusal to Work

The 1996 federal welfare law gave states the option to terminate the Medicaid coverage of a Head of Household (as long as she is not pregnant) who loses her TANF-funded cash assistance for refusing to work. Pregnant women cannot be terminated from Medicaid under this or any other sanction option. Similarly, children cannot be terminated from Medicaid under this or any other sanction option except if they are the head of household (and not pregnant). Table 8 provides information on which states have elected this option.

Table 8
States Exercising the Option to Terminate the Medicaid Coverage of a Non-Pregnant Head of Household Who Loses TANF for Failure to Work

	Exercised the sanction option?
Totals	13 Yes 38 No
Alabama	Yes
Alaska	No
Arizona	No
Arkansas	No
California	No
Colorado	No
Connecticut	No
Delaware	No
District of Columbia	No
Florida	No
Georgia	No
Hawaii**	No
Idaho	Yes
Illinois	No
Indiana	Yes
Iowa	No
Kansas	Yes
Kentucky	No
Louisiana	Yes

Table 8 States Exercising the Option to Terminate the Medicaid Coverage of a Non-Pregnant Head of Household Who Loses TANF for Failure to Work	
	Exercised the sanction option?
Maine	No
Maryland	No
Massachusetts**	No
Michigan	Yes
Minnesota	No
Mississippi	Yes
Missouri	No
Montana	No
Nebraska *	Yes
Nevada	Yes
New Hampshire	No
New Jersey	No
New Mexico	Yes
New York	No
North Carolina	No
North Dakota	No
Ohio [28]	Yes
Oklahoma	No
Oregon	No
Pennsylvania	No
Rhode Island	No
South Carolina	Yes
South Dakota	No
Tennessee	No
Texas *	No

[28] Non-pregnant heads of household are not terminated from Medicaid unless they are facing their third TANF sanction. After losing their Medicaid coverage, these heads of household have the opportunity to regain Medicaid if they comply with TANF rules.

Table 8 States Exercising the Option to Terminate the Medicaid Coverage of a Non-Pregnant Head of Household Who Loses TANF for Failure to Work	
	Exercised the sanction option?
Utah *	No
Vermont	No
Virginia	No
Washington	No
West Virginia	No
Wisconsin	No
Wyoming	Yes

Table 9: States' Choices Regarding Medicaid Coverage of Immigrants

Table 9 provides information on the choices that states have made about providing Medicaid coverage for legal immigrants. The 1996 federal welfare law prohibits states from using *federal* Medicaid funds to provide coverage to "non-exempt" legal immigrants who entered the United States on or after August 22, 1996. It also gave states the option to decide whether or not to cover "non-exempt" legal immigrants who arrived prior to August 22, 1996.

However, states are required to cover "exempt" groups of legal immigrants, regardless of when they arrived in the United States. For purposes of Medicaid eligibility, exempt groups of immigrants include refugees for their first seven years; asylees for their first seven years; persons granted withholding of deportation for seven years; Cuban/Haitian entrants for first seven years; Amerasians for their first seven years; veterans, individuals on active duty, spouses and dependent children of veterans or individuals on active duty; and legal permanent residents who can claim forty quarters of work (either through their own employment or that of their parents or spouses).[29] Moreover, states also are required to provide emergency medical assistance to all immigrants, regardless of when they entered the United States, as long as they are financially and categorically eligible for Medicaid.

Column 1: Column 1 indicates whether a state has exercised the option to provide Medicaid to non-exempt "qualified" immigrants who were in the United States before August 22, 1996. Qualified immigrants include the following groups of legal immigrants: legal permanent residents (including Amerasians), refugees, asylees, persons granted withholding of deportation, Cuban/Haitian entrants, persons paroled into the U.S. for at least one year, persons granted conditional entry, and certain battered women and children.

Column 2: Column 2 identifies which states have elected to use their own funds to provide state-funded Medicaid or similar medical assistance to immigrants who are not eligible for federally-funded Medicaid.

[29] For a more detailed description of the rules that govern states' options around coverage of legal immigrants, see Kelly Carmody, *State Options to Assist Legal Immigrants Ineligible for Federal Benefits*, Center on Budget and Policy Priorities, February 1998.

Table 9 **States' Choices Regarding Medicaid Coverage of Immigrants**		
	Does the state provide Medicaid to non-exempt qualified immigrants who arrived before 8/22/96?	**Does the state provide state-funded Medicaid or similar medical assistance to legal immigrants who are not eligible for federally-funded Medicaid?**
Totals	50 Yes 1 No	20 Yes 31 No
Alabama	Yes	No
Alaska	Yes	No
Arizona	Yes	PRUCOLS receiving SSI-related Medicaid pre-8/21/96 and pregnant women who were legally in U.S. before or on 8/11/96 and are now not qualified
Arkansas	Yes	No
California	Yes	All legal ineligible immigrants
Colorado	Yes	Prenatal care for legal immigrants who entered after 8/22/96
Connecticut	Yes	Lawfully residing residents; PRUCOLS and qualified aliens who are victims of domestic violence.
Delaware	Yes	All legal immigrants
District of Columbia	Yes	No
Florida	Yes	Certain PRUCOLS receiving Medicaid pre-8/22/96
Georgia	Yes	No
Hawaii	Yes	No
Idaho	Yes	No
Illinois	Yes	Children post-8/22/96 and all pregnant women
Indiana	Yes	No
Iowa	Yes	No
Kansas	Yes	No
Kentucky	Yes	No
Louisiana	Yes	No
Maine	Yes	All legal immigrants
Maryland	Yes	All pregnant women and children under 18 yrs
Massachusetts	Yes	All legal immigrants

Table 9 States' Choices Regarding Medicaid Coverage of Immigrants		
	Does the state provide Medicaid to non-exempt qualified immigrants who arrived before 8/22/96?	**Does the state provide state-funded Medicaid or similar medical assistance to legal immigrants who are not eligible for federally-funded Medicaid?**
Michigan	Yes	PRUCOLS in long-term care pre-8/22/96
Minnesota	Yes	All legal immigrants
Mississippi	Yes	No
Missouri	Yes	No
Montana	Yes	No
Nebraska	Yes	All legal immigrants
Nevada	Yes	No
New Hampshire	Yes	No
New Jersey	Yes	Legal pregnant immigrants eligible for pre-natal care and all immigrants eligible for free/reduced charity hospital care
New Mexico	Yes	PRUCOLS pre-8/22/96
New York	Yes	PRUCOLS who were Medicaid recipients in certain residential health care facilities pre-8/4/97 and AIDS patients on Medicaid pre-8/4/97.
North Carolina	Yes	No
North Dakota	Yes	No
Ohio	Yes	No
Oklahoma	Yes	No
Oregon	Yes	No
Pennsylvania	Yes	All legal immigrants
Rhode Island	Yes	All pregnant women and children under 19 yrs
South Carolina	Yes	No
South Dakota	Yes	No
Tennessee	Yes	No
Texas	Yes	No
Utah	Yes	No
Vermont	Yes	No
Virginia	Yes	All legal immigrant children under age 19 yrs. and PRUCOLS receiving long-term care on 6/30/97

Table 9 States' Choices Regarding Medicaid Coverage of Immigrants		
	Does the state provide Medicaid to non-exempt qualified immigrants who arrived before 8/22/96?	**Does the state provide state-funded Medicaid or similar medical assistance to legal immigrants who are not eligible for federally-funded Medicaid?**
Washington	Yes	PRUCOLS and immigrants pre-8/21/96 who are eligible for state-funded TANF and all children up to 100% FPL and all pregnant women
West Virginia	Yes	No
Wisconsin	Yes	No
Wyoming	No	No