

Employed But Not Insured

*A State-by-State Analysis of the Number of
Low-Income Working Parents Who Lack
Health Insurance*

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February 9, 1999

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Acknowledgments

The authors wish to thank Center on Budget and Policy Priorities staff members Sara Thom and Christina FitzPatrick, as well as former staff member Karen Flores, who helped to gather and verify the data that appear in this report. We also thank Wendy Burnette and Ann Miles Brown for preparing the document for publication.

It would not have been possible to prepare this report without the extensive assistance of the state officials in each of the 50 states and the District of Columbia who helped us understand their Medicaid eligibility rules for parents. We thank them for their patience and for the considerable amount of time they gave to this project.

The authors are solely responsible for the content of this report.

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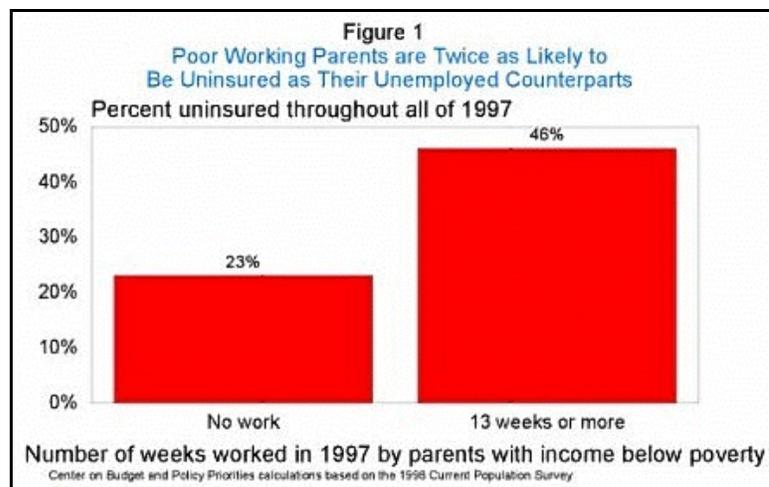
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I. Overview

States now offer health care coverage to uninsured children in low-income working families through Medicaid and, in some states, through newly established child health programs. The parents who head these families, however, remain at high risk of being uninsured. More than 5.4 million low-income working parents were uninsured in 1997 according to the U.S. Census Bureau data analyzed in this report.¹

- Nationwide, more than one out of three working parents (34.5 percent) with income below 200 percent of the poverty level (\$27,300 a year for a family of three in 1998) were uninsured.



¹ The national estimates of the number and percentage of uninsured working parents in this report are based on calculations done by the Center on Budget and Policy Priorities using data from the U.S. Census Bureau's March 1998 Current Population Survey. In this report, "low-income" is defined as having income below 200 percent of the federal poverty level (\$27,300 a year for a family of three). The term "working parent" includes household heads and their spouses between the ages of 18 and 65 who lived with children and who worked a combined total of more than 13 weeks during the year. The data show that poor parents who work more than 13 weeks during the year work an average of 28.4 hours during each work week.

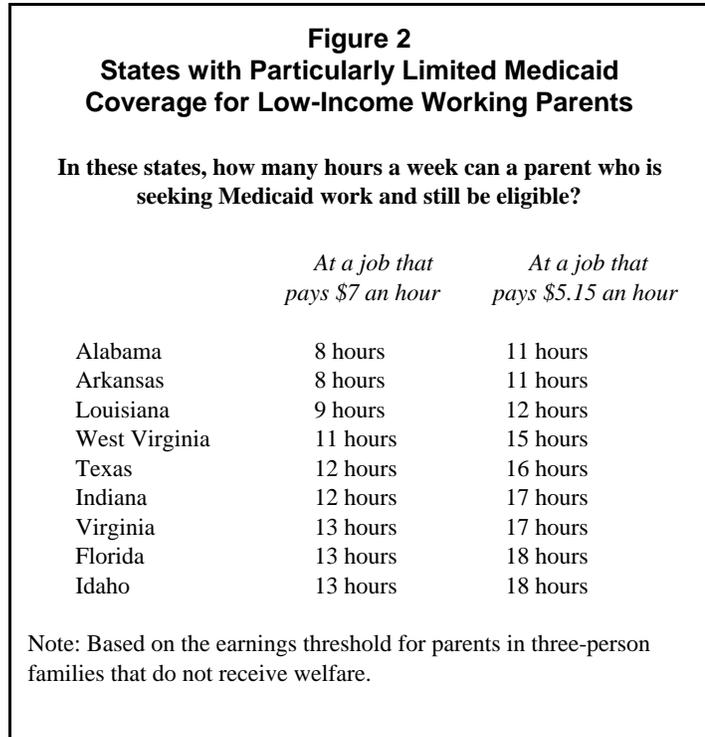
- The uninsured rate among working parents with income below 100 percent of the federal poverty level (\$13,650 a year for a family of three) is even higher. Nationwide, close to half (46 percent) of all poor working parents are uninsured.
- Working poor parents are twice as likely to be uninsured as their unemployed counterparts. In 1997, some 23 percent of poor parents who had no earnings throughout the year were uninsured compared to 46 percent of poor parents who worked for 13 weeks or more during the year.

Unless action is taken, the number of uninsured working parents is likely to grow. More and more low-income parents are joining the workforce at the same time that employer-based coverage for low-wage workers is declining. Although states generally provide Medicaid to parents who are receiving welfare, including parents combining welfare and work, few states cover low-income working parents who have no current or recent attachment to the welfare system. As a result, most parents who are supporting their families through part-time or full-time work are ineligible for Medicaid even if they work at jobs that pay very low wages and that do not offer health care coverage.²

- Some 43 states do not cover working parents who earn enough to bring them just to the poverty level (\$13,650 a year for a family of three).
- In half the states, working parents are ineligible for Medicaid if their earnings exceed 59 percent of the poverty level (\$7,992 a year for a family of three).
- In nine states (shown in Figure 2), working parents are ineligible for Medicaid if their earnings reach 37 percent of the poverty level — \$5,051 a year for a family of three. In these states, parents who earn \$7 an hour are ineligible for health care coverage through Medicaid if they work more than eight to 13 hours a week.

² In general, this report considers the basic Medicaid income eligibility rules that apply to low-income families with children in each state. Pregnant women, disabled parents, and parents who are themselves under the age of 19 may be eligible for Medicaid at higher income levels than the levels presented in this report. A small number of states also cover parents through "medically needy" eligibility categories at somewhat higher income levels, although in practice states with medically needs categories generally use them primarily to cover people with high medical bills. Appendix B provides additional details on the Medicaid eligibility categories for families with children and describes the methodology for identifying the state-specific earnings thresholds for working parents included in this report.

- For example, in Texas parents who earn \$7 an hour are ineligible for coverage if they work more than 12 hours a week. Parents in Texas who earn the federal minimum wage of \$5.15 an hour are ineligible if they work more than 16 hours a week.



- Only seven states — Delaware, Hawaii, Massachusetts, Minnesota, Oregon, Rhode Island and Vermont — and the District of Columbia

have Medicaid earnings thresholds that are at least equal to the poverty level (\$13,650 a year for a family of three).³ The District of Columbia, Minnesota, Rhode Island, and Vermont cover parents with income at or above 150 percent of the poverty level.

- In addition, some 21 states fail to cover parents in two-parent families to the same extent that they cover parents in single-parent families. In these states, working parents in two-parent families will be ineligible for Medicaid at even lower incomes levels than those that apply to parents in single-parent families.

While the Medicaid earnings thresholds for working parents vary widely among the states, this is not a report about "good" versus "bad" states. For example, all of the states listed in Figure 2 have recently expanded coverage for low-income *children* — some quite substantially — and many are looking for ways to also cover their parents. Few states provide Medicaid more broadly to low-income working parents because,

³ Maine also extends Medicaid to single parents with earnings up to 100 percent of the poverty level, but it only covers parents in two-parent families if one of the parents is incapacitated or the principal wage earner works fewer than 100 hours a month. As noted later in this report, Missouri and Wisconsin have adopted but not yet implemented Medicaid expansions for parents.

until recently, federal Medicaid law generally limited coverage to parents who were receiving welfare or who recently had left welfare.⁴

This restriction no longer operates under federal law. As a result of a provision in the 1996 federal welfare law that delinked Medicaid eligibility from eligibility for welfare, states have a new option to expand coverage more broadly to low-income working parents. Because the option to expand is through Medicaid, the federal government will provide states with federal Medicaid matching payments that will finance anywhere from 50 percent to 77 percent of the cost of such an expansion (with the exact portion depending on each state's federal Medicaid matching rate).

Rhode Island and the District of Columbia already have used this option to expand coverage to more low-income working parents along with their children, and Missouri and Wisconsin recently adopted parent coverage expansions through federal Medicaid waivers. Every state can now take advantage of the new federal option — and federal Medicaid matching payments — to provide this critical support to low-income working families.

**Parents Already Enrolled in Medicaid
May Be Able to Retain Medicaid
Coverage at Somewhat Higher Income
Levels**

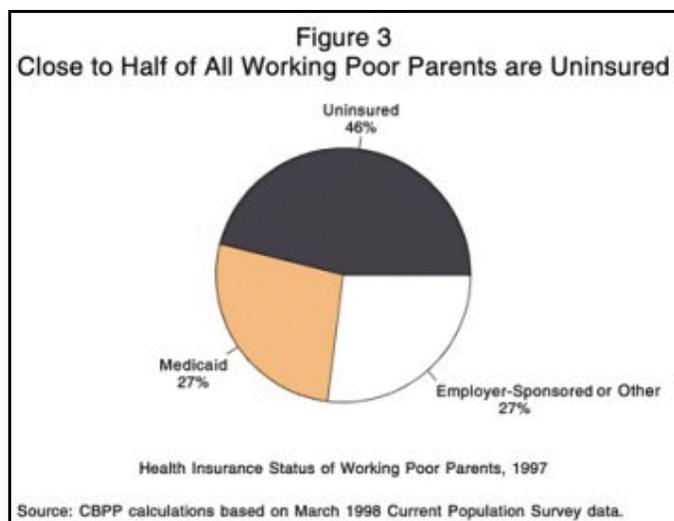
The earnings thresholds noted here apply to low-income working parents in three-person families who are applying for Medicaid. As discussed later in this report, parents may be able to retain Medicaid at somewhat higher income levels if they are enrolled in Medicaid under these more restrictive thresholds and then increase their earnings. For example, parents who have been on welfare and Medicaid and then increase their earnings to a level that would make them ineligible for Medicaid if they were first applying for coverage can retain Medicaid coverage for a limited period of time under "Transitional Medical Assistance" rules.

⁴ The one exception is that states have had the option to provide coverage to families with children with income somewhat above welfare income eligibility thresholds without regard to whether they were eligible for welfare under what is known as the "medically needy" eligibility category. In most states, however, this category is used primarily to offer partial coverage to families that have high medical bills relative to their incomes and that "spend down" to the medically needy income eligibility levels. States also have had the opportunity to vary from federal law by seeking a waiver from the federal government. Delaware, Hawaii, Massachusetts, Minnesota, Oregon and Vermont have expanded coverage for parents through waivers.

II. Data on Uninsured Parents

In 1997, according to Census Bureau data, there were 15.8 million working parents whose family income was below 200 percent of the poverty level — \$27,300 a year for a family of three. More than a third of these parents — 5.4 million parents — were uninsured throughout all of 1997.

Among the 4.9 million working parents with income below 100 percent of the poverty level in 1997, about a quarter were covered through Medicaid and another quarter were insured through employer-sponsored or "other" coverage (including other sources of private coverage and the military's health insurance program). The single largest group of working poor parents — 46 percent — were uninsured throughout all of 1997.



Tables 1 and 2 provide state-specific estimates of the number and percentage of working parents who were uninsured in each state during the mid-1990s. Table 1 shows estimates of the uninsured rate among working parents with income below 200 percent of the poverty level, while Table 2 shows such estimates for working parents with income below 100 percent of the poverty level. Because the state-level Census data are based on small samples, particularly for the less populated states, these data

generally should not be used to compare uninsured rates across states. The data do, however, give a sense of the magnitude of the problem in each state.⁵

Low-income working parents are at high risk of being uninsured because, as described in more detail below, they have limited access to publicly-funded coverage and, at the same time, they often are not offered coverage through their employers. In 1996, only 43 percent of workers making \$7 or less per hour were offered health insurance coverage by their employers.⁶ In contrast, among workers making more than \$15 an hour, 93 percent were offered coverage. Moreover, not all low-wage workers who are offered coverage can afford to purchase that coverage, particularly as more of the cost of coverage has been shifted on to employees in recent years. Between 1988 and 1996, the cost to employees of purchasing coverage for themselves increased at an average annual rate of 18.3 percent and the cost of purchasing family coverage over this same period grew at an average annual rate of 11.9 percent.⁷

⁵ State estimates of the number and percentage of uninsured working parents are based on calculations done by the Center on Budget and Policy Priorities using U.S. Census Bureau data from the March 1998, March 1997 and March 1996 Current Population Surveys. In developing the estimates in Tables 1 and 2, the Center used a standard strategy employed by researchers and others of pooling CPS data for a three-year period to increase the accuracy of state-specific estimates of uninsured rates. A three-year average of CPS data is used in the new child health insurance program (CHIP) to allocate the federal child health block grant funds among states.

⁶ Philip F. Cooper and Barbara Steinberg Schone, *More Offers, Fewer Takers for Employment-Based Health Insurance: 1987 and 1996*, Health Affairs, 16(6) (1997), pp. 142-149. The percentage of workers with wages at or below \$7 per hour who have "access" to employer-based coverage is somewhat higher (55 percent in 1996) because some low-wage workers are offered coverage through the employer of a family member.

⁷ Ellen O'Brien and Judith Feder, *How Well Does the Employment-Based Health Insurance System Work for Low-Income Families?*, Kaiser Commission on Medicaid and the Uninsured, September 1998.

Table 1
Working Parents in Families with Income Below 200 Percent of Poverty
Lacking Health Insurance, Mid-1990s

	Number of working parents below 200% of poverty	Number without health insurance	Percent without health insurance	90 Percent Confidence Interval*	
				Low	High
United States	16,060,000	5,410,000	33.7%	32.3%	35.1%
Alabama	274,000	78,000	28.6%	18.4%	38.8%
Alaska	34,000	12,000	34.5%	22.6%	46.3%
Arizona	412,000	187,000	45.5%	36.6%	54.4%
Arkansas	248,000	86,000	34.7%	26.2%	43.3%
California	2,226,000	901,000	40.5%	36.1%	44.8%
Colorado	181,000	56,000	31.1%	18.8%	43.4%
Connecticut	120,000	27,000	22.1%	8.2%	36.0%
Delaware	35,000	12,000	33.0%	19.2%	46.7%
District of	20,000	5,000	27.4%	12.9%	41.9%
Florida	859,000	328,000	38.1%	32.1%	44.2%
Georgia	494,000	216,000	43.7%	33.9%	53.5%
Hawaii	73,000	6,000	8.0%	1.1%	14.9%
Idaho	101,000	37,000	37.0%	27.9%	46.1%
Illinois	609,000	142,000	23.4%	17.1%	29.6%
Indiana	293,000	70,000	24.0%	13.4%	34.6%
Iowa	190,000	44,000	23.1%	13.6%	32.6%
Kansas	167,000	42,000	25.4%	15.4%	35.5%
Kentucky	267,000	105,000	39.4%	28.7%	50.1%
Louisiana	321,000	115,000	35.9%	26.3%	45.6%
Maine	73,000	26,000	35.9%	23.4%	48.4%
Maryland	207,000	64,000	30.8%	16.9%	44.6%
Massachusetts	222,000	58,000	26.1%	16.1%	36.1%
Michigan	432,000	111,000	25.7%	18.2%	33.1%
Minnesota	234,000	51,000	21.6%	11.2%	32.0%
Mississippi	255,000	78,000	30.8%	22.2%	39.3%
Missouri	308,000	96,000	31.3%	19.8%	42.7%
Montana	78,000	19,000	24.2%	16.4%	32.1%
Nebraska	102,000	20,000	19.5%	10.0%	29.1%
Nevada	88,000	30,000	33.9%	21.6%	46.2%
New Hampshire	49,000	14,000	29.0%	14.2%	43.7%
New Jersey	303,000	109,000	36.0%	26.8%	45.3%
New Mexico	162,000	78,000	48.1%	39.0%	57.2%
New York	960,000	333,000	34.7%	29.3%	40.0%
North Carolina	415,000	137,000	33.1%	24.8%	41.4%
North Dakota	39,000	8,000	21.1%	11.4%	30.7%
Ohio	569,000	130,000	22.9%	16.3%	29.5%
Oklahoma	268,000	85,000	31.7%	22.8%	40.6%
Oregon	194,000	47,000	24.1%	13.6%	34.7%
Pennsylvania	549,000	128,000	23.4%	16.8%	29.9%
Rhode Island	33,000	8,000	23.1%	9.1%	37.2%
South Carolina	254,000	87,000	34.2%	22.9%	45.5%
South Dakota	43,000	8,000	18.8%	9.7%	27.9%
Tennessee	415,000	106,000	25.5%	16.3%	34.8%
Texas	1,639,000	798,000	48.7%	43.6%	53.7%
Utah	163,000	33,000	20.1%	12.4%	27.7%
Vermont	39,000	9,000	23.0%	13.3%	32.8%
Virginia	356,000	99,000	27.7%	17.1%	38.3%
Washington	262,000	65,000	24.8%	13.0%	36.7%
West Virginia	135,000	44,000	32.6%	23.4%	41.9%
Wisconsin	247,000	41,000	16.7%	7.0%	26.4%
Wyoming	41,000	14,000	33.7%	24.3%	43.1%

*There is a 90 percent chance that the actual uninsured rate among working parents below 200 percent of the poverty level, if it were determined from a survey of all households, would fall in the range defined by the low-end and high-end estimates of the 90 percent confidence interval. The confidence interval is higher in states with smaller sample sizes.

Source: CBPP tabulations of Census Bureau's March Current Population Survey data from 1996-98. Data are for 1995 - 1997. Based on parents living with children between the ages of 18 and 65 in families with income below 200 percent of poverty and in which the parents worked a combined total of more than 13 weeks a year. Due to rounding error, the uninsured rate presented in column 4 may not equal

the quotient of columns 2 and 3.

Table 2
Working Parents in Poor Families Lacking Health Insurance, Mid-1990s

	Number of working poor parents	Number without health insurance	Percent without health insurance	90 Percent Confidence Interval	
				Low	High*
United States	4,818,000	2,222,000	46.1%	43.5%	48.8%
Alabama	81,000	32,000	39.5%	18.9%	60.2%
Alaska	8,000	3,000	36.1%	12.2%	60.0%
Arizona	148,000	93,000	62.6%	48.2%	77.1%
Arkansas	64,000	39,000	61.1%	43.9%	78.2%
California	794,000	379,000	47.8%	40.4%	55.2%
Colorado	37,000	16,000	42.4%	12.7%	72.0%
Connecticut	35,000	13,000	36.4%	4.0%	68.7%
Delaware**	7,000	3,000	45.1%	12.6%	77.6%
District of Columbia**	6,000	2,000	38.6%	10.3%	66.9%
Florida	266,000	140,000	52.6%	41.4%	63.8%
Georgia	134,000	72,000	54.0%	35.1%	72.9%
Hawaii	19,000	3,000	15.6%	0.0%	34.1%
Idaho	35,000	19,000	53.0%	37.1%	68.9%
Illinois	178,000	57,000	31.8%	19.2%	44.4%
Indiana	73,000	35,000	48.2%	22.7%	73.6%
Iowa	56,000	18,000	32.0%	12.9%	51.2%
Kansas	40,000	16,000	41.0%	19.3%	62.7%
Kentucky	101,000	54,000	53.9%	36.3%	71.4%
Louisiana	95,000	52,000	54.4%	36.4%	72.3%
Maine	18,000	11,000	59.9%	34.2%	85.7%
Maryland	51,000	20,000	38.6%	9.3%	68.0%
Massachusetts	59,000	18,000	30.6%	10.2%	50.9%
Michigan	124,000	42,000	33.7%	18.6%	48.8%
Minnesota	47,000	14,000	30.0%	3.7%	56.4%
Mississippi	87,000	36,000	41.7%	25.6%	57.7%
Missouri	83,000	32,000	38.4%	14.8%	62.1%
Montana	25,000	9,000	35.4%	20.2%	50.6%
Nebraska	22,000	5,000	20.6%	0.0%	41.7%
Nevada	25,000	14,000	55.7%	29.3%	82.2%
New Hampshire**	10,000	5,000	47.6%	9.3%	86.0%
New Jersey	63,000	30,000	48.4%	26.6%	70.2%
New Mexico	63,000	38,000	60.7%	46.2%	75.1%
New York	300,000	118,000	39.4%	29.5%	49.3%
North Carolina	120,000	59,000	49.3%	32.8%	65.7%
North Dakota	13,000	4,000	28.2%	9.4%	47.0%
Ohio	159,000	55,000	34.7%	20.7%	48.6%
Oklahoma	88,000	40,000	45.3%	28.8%	61.7%
Oregon	58,000	20,000	34.3%	13.3%	55.3%
Pennsylvania	136,000	53,000	38.9%	23.7%	54.1%
Rhode Island**	9,000	5,000	54.2%	23.8%	84.6%
South Carolina	69,000	28,000	41.2%	18.4%	63.9%
South Dakota	13,000	4,000	28.4%	8.5%	48.3%
Tennessee	110,000	36,000	32.8%	13.9%	51.8%
Texas	573,000	362,000	63.1%	54.9%	71.3%
Utah	31,000	13,000	41.7%	20.8%	62.6%
Vermont	10,000	3,000	32.1%	10.8%	53.5%
Virginia	95,000	36,000	38.2%	15.6%	60.8%
Washington	68,000	24,000	35.2%	10.9%	59.4%
West Virginia	37,000	22,000	58.8%	40.1%	77.6%
Wisconsin	62,000	15,000	24.1%	2.0%	46.1%
Wyoming	11,000	5,000	48.6%	29.4%	67.8%

*There is a 90 percent chance that the actual uninsured rate among working parents below 100 percent of the poverty level, if it were determined from a survey of all households, would fall in the range defined by the low-end and high-end estimates of the 90 percent confidence interval. The confidence interval is higher in states with smaller sample sizes.

**Figures are based on a sample size that falls below the minimum recommended by the Census Bureau for reliable estimates.

Source: CBPP tabulations of Census Bureau's March Current Population Survey data from 1996-98. Data are for 1995 - 1997. Based on parents between the ages of 18 and 65 living with children in families with income below 100 percent of poverty and in which the parents worked a combined total of more than 13 weeks a year. Due to rounding error, the uninsured rate presented in column 4 may not equal the quotient of columns 2 and 3.

III. State Medicaid Coverage for Parents

In virtually all states, Medicaid eligibility rules for working parents are much more restrictive than the rules that apply to their children. In general, to be eligible for Medicaid, parents must have income and resources that fall below a state's Medicaid income and resource thresholds for the state's family coverage category. To date, states generally have set these thresholds at the same levels as the income and resource thresholds that they use to determine eligibility for cash welfare. As a practical matter, this means that most parents can enroll in Medicaid only if they have income and resources low enough to qualify for welfare.

Moreover, some 21 states restrict Medicaid coverage to parents in single-parent families and to parents in a small portion of two-parent families. In these states, parents in two-parent families who work are even less likely to qualify for Medicaid than parents in single-parent households.

In contrast, all states provide health care coverage through Medicaid (and, in some states, through separate child health insurance programs) to children at significantly higher income levels, and eligibility for children generally does not depend on whether they are part of a single-parent or a two-parent family. In addition, 40 states have dropped the resource test for children applying for Medicaid.

State Medicaid Earnings Thresholds for Parents

Table 3 shows how much an uninsured parent in a three-person family who is applying for Medicaid can earn on a monthly or annual basis and still be found eligible for coverage in each state. Table 4 shows how many hours a week such a parent can work and still be found eligible for Medicaid. Both tables look at *gross* income before taxes and other work-related expenses are taken into account.

How to Read Tables 3 and 4

Table 3 shows how much a working parent in a three-person family can earn and still be found eligible for Medicaid. For example, it shows that in Florida a parent in a three-person family can earn no more than \$391 a month and still be found eligible for Medicaid. On an annual basis, such a parent can earn no more than \$4,704 a year in Florida, an amount that is equivalent to 34 percent of the poverty level.

Table 4 provides the same information, but it is presented in terms of the number of hours a parent can work and still be found eligible for Medicaid. For example, in Alabama a parent in a three-person family can work no more than eight hours a week at a job that pays \$7 an hour and be found eligible for coverage. If the parent is employed at a job that pays the federal minimum wage of \$5.15 an hour, he or she can work no more than 11 hours a week and still be found eligible for coverage in Alabama.

Both Tables 3 and 4 show the thresholds applicable to parents who are applying for Medicaid, who are not on welfare, whose only source of income is from earnings, and who do not pay child care expenses out-of-pocket. If parents have income from sources other than earnings, lower income eligibility thresholds than those presented in Tables 3 and 4 might apply. At the same time, if they pay out-of-pocket for child care expenses, they may be eligible for Medicaid at higher income levels because child care costs (generally up to a capped amount) are deducted from gross earnings. See Appendices B and C for a detailed description of the methodology used to compile the data for these tables and for additional state-specific information.

The earnings thresholds presented in Table 3 are a function of a state's Medicaid "net" or "countable" income standard and the disregard it allows for families with earnings.⁸ When states define what counts as income for purposes of determining Medicaid eligibility, under federal law they must at a minimum "disregard" (i.e., not count) \$90 of a Medicaid applicant's monthly earnings to account for certain work-related expenses. The law, however, allows states to disregard more than the required minimum of \$90. Higher disregards, in effect, raise the state's earnings threshold for working families. For example, a state with a Medicaid net or countable income standard of \$500 a month could decide to disregard \$200 in earnings. If it does so, the earnings threshold for a working parent in that state would be \$700 (\$700 - \$200 earnings disregard = \$500, the state's countable income standard). There is wide variation among states with respect to both their net or countable income standards and their earnings disregard policies.

⁸ The income eligibility thresholds shown in these tables vary from (and are generally higher than) the net or countable income eligibility thresholds states will commonly report as their Medicaid income thresholds for families with children. The thresholds reported here provide information on the total amount of earnings a family can have and still be eligible for Medicaid, while net or countable income thresholds indicate the total amount of income a family can have and still be eligible for Medicaid *after certain deductions are taken into account.*

Table 3
How Much Can a Working Parent Who is Applying for Medicaid Earn
and Still Be Eligible for Coverage?

*(Based on a 3-person family with one wage earner.
Assumes that the family's only source of income is earnings.)*

	Monthly Earnings Threshold	Annual Earnings Threshold	Earnings Threshold as a Percent of the Federal Poverty Level
Alabama	\$253	\$3,036	22%
Alaska	\$1,181	\$14,172	83%
Arizona	\$584	\$7,011	51%
Arkansas	\$255	\$3,060	22%
California	\$864	\$10,368	76%
Colorado	\$510	\$6,120	45%
Connecticut*	\$866	\$10,392	76%
Delaware**	\$1,228	\$14,730	108%
District of Columbia	\$2,275	\$27,300	200%
Florida	\$392	\$4,704	34%
Georgia	\$513	\$6,156	45%
Hawaii**	\$1,309	\$15,708	100%
Idaho	\$406	\$4,872	36%
Illinois*	\$597	\$7,164	52%
Indiana	\$377	\$4,524	33%
Iowa	\$1,063	\$12,750	93%
Kansas	\$493	\$5,916	43%
Kentucky	\$615	\$7,380	54%
Louisiana	\$263	\$3,156	23%
Maine	\$1,227	\$14,724	108%
Maryland*	\$523	\$6,276	46%
Massachusetts**	\$1,513	\$18,156	133%
Michigan	\$548	\$6,576	48%
Minnesota**	\$3,128	\$37,538	275%
Mississippi	\$457	\$5,484	40%
Missouri	\$381	\$4,572	33%
Montana	\$833	\$10,000	73%
Nebraska*	\$490	\$5,880	43%
Nevada	\$1,020	\$12,240	90%
New Hampshire	\$686	\$8,235	60%
New Jersey	\$533	\$6,396	47%
New Mexico	\$702	\$8,424	62%
New York	\$666	\$7,992	59%
North Carolina	\$634	\$7,608	56%
North Dakota	\$845	\$10,140	74%
Ohio	\$972	\$11,664	85%
Oklahoma	\$426	\$5,112	37%
Oregon**	\$1,138	\$13,650	100%
Pennsylvania	\$804	\$9,648	71%
Rhode Island	\$2,194	\$26,333	193%
South Carolina	\$658	\$7,896	58%
South Dakota	\$796	\$9,546	70%
Tennessee	\$766	\$9,192	67%
Texas*	\$364	\$4,368	32%
Utah*	\$657	\$7,884	58%
Vermont**	\$1,797	\$21,564	158%
Virginia	\$380	\$4,560	33%
Washington	\$1,090	\$13,080	96%
West Virginia	\$342	\$4,104	30%
Wisconsin	\$737	\$8,844	65%
Wyoming	\$789	\$9,468	69%
Median state	\$666	\$7,992	59%

Unless otherwise noted, the earnings thresholds presented in this table are based on the income standards and earnings disregards used by states under their family coverage categories. States marked with an "*" have not yet established a family coverage category and base their earnings thresholds on the state's medically needy eligibility rules. States marked with "**" have expanded coverage to low-income working parents under a waiver of federal law and the table is based on the eligibility rules that apply to parents under the waiver. See Appendices B and C for additional information.

Table 4
How Many Hours Can a Parent Who is Applying for Medicaid Work and Still Be Eligible for Coverage?
(Based on a 3-person family with one wage earner. Assumes that the family's only source of income is earnings.)

	At a \$7 an hour job, can a parent work full time?	If no, how many hours a week can a parent work?	At the federal minimum wage (\$5.15 per hour), can a parent work full time?	If no, how many hours a week can a parent work?
Alabama	NO	8	NO	11
Alaska	NO	39	YES	
Arizona	NO	19	NO	26
Arkansas	NO	8	NO	11
California	NO	28	NO	39
Colorado	NO	17	NO	23
Connecticut*	NO	29	NO	39
Delaware **	YES		YES	
District of Columbia	YES		YES	
Florida	NO	13	NO	18
Georgia	NO	17	NO	23
Hawaii**	YES		YES	
Idaho	NO	13	NO	18
Illinois*	YES	20	NO	27
Indiana	NO	12	NO	17
Iowa	NO	35	YES	
Kansas	NO	16	NO	22
Kentucky	NO	20	NO	28
Louisiana	NO	9	NO	12
Maine	YES		YES	
Maryland*	NO	17	NO	23
Massachusetts**	YES		YES	
Michigan	NO	18	NO	25
Minnesota**	YES		YES	
Mississippi	NO	15	NO	20
Missouri	NO	13	NO	17
Montana	NO	27	NO	36
Nebraska*	NO	16	NO	22
Nevada	NO	34	YES	
New Hampshire	NO	23	NO	36
New Jersey	NO	18	NO	24
New Mexico	NO	23	NO	31
New York	NO	22	NO	30
North Carolina	NO	21	NO	28
North Dakota	NO	28	NO	38
Ohio	NO	32	YES	
Oklahoma	NO	14	NO	19
Oregon**	NO	38	YES	
Pennsylvania	NO	27	NO	36
Rhode Island	YES		YES	
South Carolina	NO	22	NO	29
South Dakota	NO	26	NO	36
Tennessee	NO	25	NO	34
Texas*	NO	12	NO	16
Utah*	NO	22	NO	29
Vermont**	YES		YES	
Virginia	NO	13	NO	17
Washington	NO	36	YES	
West Virginia	NO	11	NO	15
Wisconsin	NO	24	NO	33
Wyoming	NO	26	NO	35
Median state	NO	21	NO	28

Unless otherwise noted, the earnings thresholds presented in this table are based on the income standards and earnings disregards used by states under their family coverage categories. States marked with an "*" have not yet established a family coverage category and base their earnings thresholds on medically needy eligibility rules. The states marked with "**" have expanded coverage to low-income working parents under a waiver of federal law and the table is based on the eligibility rules that apply to parents under the waiver. See Appendices B and C for additional information. Some states have minimum wage levels that are higher than the federal level.

In some states, somewhat higher earnings thresholds for ongoing Medicaid coverage apply to parents who first qualify under the thresholds shown in Tables 3 and 4 and who then find a job or increase their earnings. States have adopted these more generous eligibility rules for parents already enrolled in Medicaid in order to allow them to increase their earnings without losing ongoing coverage. In some states, these more generous rules for calculating financial eligibility for Medicaid recipients are time-limited. The earnings thresholds that states use to determine the ongoing eligibility of a parent who already is enrolled in Medicaid are shown in Tables 6 and 7 in Appendix A.

Missouri and Wisconsin Have Approved, But Not Yet Implemented, Expansions of Coverage for Low-Income Working Parents

This report is based on the earnings thresholds for parents that are currently in place in the states. However, both Missouri and Wisconsin have adopted expansions in Medicaid for low-income working parents that they plan to implement later in 1999. Wisconsin has expanded Medicaid to parents with income up to 185 percent of the poverty level and then will allow them to remain enrolled until their income reaches 200 percent of the poverty level. Missouri's expansion, which is slated for implementation later this month, covers parents with income up to 100 percent of the poverty level and certain non-custodial parents with income up to 125 percent of the poverty level.

In addition, all states are required by federal law to provide up to twelve months of "Transitional Medical Assistance" to parents enrolled in Medicaid who lose their eligibility for ongoing coverage due to earnings.⁹ Twelve states have received waivers to extend TMA for longer than 12 months.¹⁰

Both the provision of time-limited TMA and the use in selected states of more generous eligibility rules for parents already enrolled in Medicaid assure that these parents can increase their earnings somewhat without losing health care coverage, at least for a period of time. These rules are an important source of coverage for some low-income working parents, especially those entering or re-entering the low-wage job market after a period of unemployment. However, these rules provide Medicaid at somewhat higher income levels only to those parents who were unemployed or whose incomes were so low that they could qualify for coverage under the much more restrictive rules that generally apply to applicants. They are not a substitute for

⁹ States must provide six months of TMA without regard to how much a family earns, and an additional six months as long as the family's gross earnings less child care expenses are below 185 percent of the poverty level.

¹⁰ Jan Kaplan, *Transitional Medicaid Assistance* (Washington, D.C., Welfare Information Network, December 1997).

covering low-income parents more broadly, and they raise equity issues because they do not help low-income parents who consistently have been working at low-wage jobs.

Medicaid for Parents in Two-Parent Families

Until recently, states could not cover parents in two-parent families to the same extent that they covered parents in single-parent families unless they had a waiver of standard federal rules allowing them to do so. Under these rules, which relate back to the old AFDC program, parents in two-parent families can qualify for Medicaid only if one of the two parents in the family is incapacitated or "unemployed" which is defined as working fewer than 100 hours a month. In August of 1998, the U.S. Department of Health and Human Services issued a regulation allowing states to effectively drop the 100-hour rule limitation for two-parent families without having to secure a federal waiver.¹¹ States that have waivers or that take advantage of the flexibility offered by the new regulation can provide Medicaid to parents in two-parent families to the same extent that they offer coverage to parents in single-parent families.

Table 5 shows which states provide Medicaid to parents in two-parent families to the same extent as they provide coverage to parents in single-parent families. As of the fall of 1998, 29 states and the District of Columbia had dropped the limitations on covering parents in two-parent families.¹² In the remaining 21 states, low-income working parents in single-parent families will have greater access to Medicaid than parents in two-parent families. For example, Pennsylvania provides coverage to a mother with two children who earns the minimum wage and works up to 36 hours a week, as shown in Table 3. But, as a result of the 100-hour rule limitation, Pennsylvania does not cover the parents in a two-parent family if the principal wage earner (either the husband or the wife) works at the minimum wage more than 100 hours a month (or an average of 23 hours a week).

Additional States Are Planning to Improve Coverage of Two-Parent Families

In the process of gathering information for Table 5, the Center was informed by a number of states that they plan to eliminate the 100-hour rule sometime in 1999. Thus, the number of states that provide coverage to parents in two-parent families on the same terms that they make coverage available to single-parent families may increase noticeably in the next several

¹¹ Federal Register, Volume 63, Number 152, August 7, 1998.

¹² Two additional states — California and Connecticut — have eliminated the 100-hour rule requirement for two-parent families already enrolled in Medicaid, but have retained the rule for adults in two-parent families applying for coverage.

Table 5
Which States Cover Two-Parent Families to the Same Extent as Single-Parent Families?

(States cover two-parent families to the same extent as single-parent families if they have eliminated the "100 hour rule," a requirement that the principal wage earner in a two-parent family work fewer than 100 hours per month.)

Cover two-parent families to the same extent as single-parent families?	
Alabama	No
Alaska	No
Arizona	Yes
Arkansas	No
California	New applicants — No; Recipients – Yes
Colorado	No
Connecticut	New applicants — No; Recipients -- Yes
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	No
New Mexico	Yes
New York	Yes
North Carolina	Yes
North Dakota	No
Ohio	Yes
Oklahoma	No
Oregon	Yes
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

Unless otherwise noted, the information presented in this table is based on a state's 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 expanded coverage to low-income working parents under a waiver of federal law and the table is based on the eligibility rules that apply to parents under the waiver. See Appendices B and C for additional information.

IV. States Have a New Opportunity to Expand Medicaid to Cover More Low-Income Working Parents

The low earnings thresholds that operate to exclude many low-income working parents from Medicaid coverage and the limitations on covering parents in two-parent families result from the historic link between Medicaid and the now-repealed Aid to Families with Dependent Children (AFDC) program. Until 1996, federal Medicaid law largely limited states to covering low-income parents who received or who had recently received welfare under the AFDC program. A few states, such as Massachusetts, Minnesota, and Vermont, secured special waivers of federal Medicaid law from the Health Care Financing Administration, which administers Medicaid on the federal level, allowing them to provide Medicaid to low-income parents not on welfare. The waiver process, however, often involved lengthy and complex negotiations with HCFA, including a guarantee that any increase in federal Medicaid spending that might result from a state's proposed expansion in coverage would be fully offset by federal savings generated by other changes in state Medicaid policies.

When the federal welfare law was enacted in August of 1996 and the AFDC program was repealed, eligibility for Medicaid was "delinked" from eligibility for welfare. Under current federal law, a parent's receipt of welfare does not determine his or her eligibility for Medicaid. In place of the link between welfare and Medicaid eligibility, federal law established a new family coverage category. Under this category, *at a minimum*, states must cover parents who meet the income and resource standards and conform to certain of the family composition rules that they used in their AFDC programs on July 16, 1996. States can, however, expand eligibility for families with children under the new category beyond these minimum standards, and, as discussed above, states can eliminate the restrictive family composition rules that limit coverage for parents in two-parent families.

How Does the Parent Expansion Option Relate to the New Child Health Insurance Program (CHIP)?

The Balanced Budget Act of 1997 created a child health block grant that can be used by states to expand Medicaid for children or to establish or expand separate child health insurance programs. Although there are some limited exceptions, the child health block grant funds generally cannot be used to provide health care coverage to parents.

States that are interested in providing health care to all members of low-income families — not just to the children in these families — can do so by combining the Medicaid parent expansion option discussed here with the opportunities created by the child health block grant to expand coverage for children. For example, a state could expand Medicaid to cover both the parents and the children in low-income working families and receive the enhanced federal matching payments available under the child health law for the children's coverage. Wisconsin, which will soon implement an expansion of coverage to parents and children with income below 185 percent of the poverty level under an 1115 waiver, has adopted this approach. Alternatively, a state could elect to expand Medicaid to some of the parents whose children are eligible for coverage under the state's Medicaid program. In Rhode Island, children are eligible for Medicaid up to 250 percent of the poverty level and parents are now eligible if their incomes are below 185 percent of the poverty level.

The 1996 federal welfare law thus created a new opportunity for states to cover a broader group of low-income working parents. The new option is available to all states without the need to secure a waiver. Moreover, the federal government will finance anywhere from 50 percent to 77 percent of the cost of expanding Medicaid to low-income working parents, with the exact portion determined by each state's regular Medicaid matching rate (see Table 8 in Appendix D).¹³

Although the new opportunity is an option to expand Medicaid for families with children, not just for parents, states have long had broad flexibility to expand Medicaid to cover children in low-income working families. Moreover, the new child health block grant created by the Balanced Budget Act of 1997 further encouraged states to expand coverage for children by making enhanced federal payments available for such coverage. The option created by the 1996 federal welfare law is significant, therefore, because for the first time it allows states to expand Medicaid to low-income working parents without securing a federal waiver.

¹³ For a detailed discussion of how the 1996 federal welfare law changes make it possible for states to expand coverage to low-income working parents, see Guyer and 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 20, 1998.

States Also Can Relax or Eliminate Their Resource Test for Parents

Along with meeting a state's income test, a parent seeking Medicaid generally must also meet a resource test. As with their income test, states have broad flexibility to design their resource test for parents. If a state has not taken advantage of this flexibility to expand or eliminate its resource limit, a parent seeking Medicaid is generally ineligible for coverage if she has more than \$1,000 in resources (not counting part of the value of the family's car and a small number of other items).

Several states have already adopted more generous resource rules. For example, Ohio and Oklahoma have eliminated the Medicaid resource test for parents. Other states, such as Kansas, have elected to disregard the full value of a family's car when evaluating whether a parent meets their Medicaid resource test.

Rhode Island and the District of Columbia already have taken advantage of the parent expansion opportunity. As a result of these expansions, low-income working parents can be employed full-time at jobs that pay up to \$12 an hour in Rhode Island and up to \$13 an hour in the District of Columbia and be eligible for Medicaid.

- **District of Columbia** – In October 1998, the District of Columbia created a new program call "DC Healthy Families" that provides Medicaid to families with children with income up to 200 percent of the poverty level (\$27,300 for a family of three), including the parents in these families. Under the District's new program, families with children are eligible for coverage regardless of whether they are headed by a single parent or by two parents. Moreover, the District does not require families to meet a resource test in order to be eligible for coverage.
- **Rhode Island** – In November, 1998, Rhode Island expanded Medicaid to families with children with net or countable income up to 185 percent of the poverty level (\$25,252 for a family of three). Since the state already had covered children at even higher income levels, this expansion served to extend Medicaid to some, although not all, of the parents of children already covered under Medicaid in Rhode Island. As in the District of Columbia, parents do not need to meet an asset test in order to be eligible for Medicaid under the expansion, nor is coverage limited to single-parent families.

Missouri and Wisconsin also have decided to expand Medicaid to a broader group of low-income working parents in recent months, joining the ranks of states such as Delaware, Hawaii, Massachusetts, Minnesota, Oregon, and Vermont that have used the 1115 waiver process to cover parents at higher income levels (see box in Chapter 3 for details). In both states, the parent expansions are part of larger health care

expansions designed to provide support to low-income families trying to get by in the low-wage job market.

V. Conclusion

Until recently, states have had little opportunity under federal law to provide Medicaid to low-income working parents without regard to whether they were receiving or had recently received welfare. As a result, uninsured parents seeking to support their families by working at low-wage jobs are largely ineligible for coverage through Medicaid if they work more than a few hours each week. Indeed, parents who work enough to bring their families' income up to the federal poverty level are ineligible for Medicaid in all but a handful of states. At the same time, low-income parents often do not have access to employer-sponsored health care coverage through their jobs. Given their limited access to Medicaid and to employer-sponsored coverage, low-income parents are uninsured at high rates.

However, as this report illustrates, some states have taken advantage of federal Medicaid matching payments to provide coverage to low-income working parents more broadly. In these states, low-income parents can work full time without fear of being uninsured. As the result of the provision in the 1996 federal welfare law that delinked TANF and Medicaid eligibility, all states now have the opportunity to provide health care coverage to low-income working parents through Medicaid without seeking a federal waiver.

Until more states seize upon the new opportunity, the number of uninsured low-income parents is likely to grow as changes in welfare programs and the strong economy result in more parents working at low-wage jobs do not offer health insurance. By taking advantage of the new option, states can lower dramatically the number of uninsured parents in their state and provide critical support to low-income working families.

Appendix A:

**State-Specific Earnings Thresholds for Working Parents
Who Already Are Enrolled in Medicaid**

Table 6
How Much Can a Working Parent Already Enrolled in Medicaid Earn and Still Retain Eligibility for Coverage?
(Based on a 3-person family with one wage earner. Assumes that the family's only source of income is earnings.)

	Monthly Earnings Threshold	Annual Earnings Limit Threshold	Earnings as a % of the Federal Poverty Level
Alabama	\$253	\$3,036	22%
Alaska	\$1,778	\$21,340	125%
Arizona	\$584	\$7,011	51%
Arkansas	\$637	\$7,650	56%
California	\$1,788	\$21,456	157%
Colorado	\$510	\$6,120	45%
Connecticut *	\$1,138	\$13,656	100%
Delaware **	\$1,228	\$14,730	108%
District of Columbia	\$2,275	\$27,300	200%
Florida	\$804	\$9,648	71%
Georgia	\$513	\$6,156	45%
Hawaii **	\$1,309	\$15,708	100%
Idaho	\$406	\$4,872	36%
Illinois*	\$597	\$7,164	52%
Indiana	\$377	\$4,524	33%
Iowa	\$1,063	\$12,750	93%
Kansas	\$762	\$9,140	67%
Kentucky	\$615	\$7,380	54%
Louisiana	\$263	\$3,156	23%
Maine	\$1,227	\$14,724	108%
Maryland *	\$523	\$6,276	46%
Massachusetts **	\$1,513	\$18,156	133%
Michigan	\$548	\$6,576	48%
Minnesota **	\$3,128	\$37,538	275%
Mississippi	\$457	\$5,484	40%
Missouri	\$381	\$4,572	33%
Montana	\$833	\$10,000	73%
Nebraska *	\$490	\$5,880	43%
Nevada	\$434	\$5,205	38%
New Hampshire	\$686	\$8,235	60%
New Jersey	\$533	\$6,396	47%
New Mexico	\$702	\$8,424	62%
New York	\$1,067	\$12,809	94%
North Carolina	\$634	\$7,608	56%
North Dakota	\$625	\$7,496	55%
Ohio	\$972	\$11,664	85%
Oklahoma	\$426	\$5,112	37%
Oregon **	\$1,138	\$13,650	100%
Pennsylvania	\$804	\$9,648	71%
Rhode Island	\$2,194	\$26,333	193%
South Carolina	\$668	\$8,016	59%
South Dakota	\$796	\$9,546	70%
Tennessee	\$766	\$9,192	67%
Texas *	\$364	\$4,368	32%
Utah *	\$657	\$7,884	58%
Vermont **	\$1,797	\$21,564	158%
Virginia	\$380	\$4,560	33%
Washington	\$1,090	\$13,080	96%
West Virginia	\$342	\$4,104	30%
Wisconsin	\$737	\$8,844	65%
Wyoming	\$789	\$9,468	69%
Median state	\$686	\$8,235	60%

Unless otherwise noted, the earnings thresholds presented in this table are based on the income standards and earnings disregards used by states under their family coverage categories to determine the ongoing eligibility of a parent who has been working for 12 months or more. States marked with an "*" have not yet established a family coverage category and base their earnings thresholds on their medically needy eligibility rules. States marked with "**" have expanded coverage to low-income working parents under an 1115 waiver and the table is based on the eligibility rules that apply to parents under the waiver. See Appendices B and C for additional information.

Table 7
How Many Hours Can a Parent Already Enrolled in Medicaid Work and Still Retain Eligibility for Coverage?
(Based on a 3-person family with one wage earner. Assumes that the family's only source of income is earnings.)

	At a \$7 an hour job, can a parent work full time?	If no, how many hours a week can the parent work?	At the federal minimum wage (\$5.15 per hour), can a parent work full time?	If no, how many hours can a parent work at \$5.15 an hour?
Alabama	NO	8	NO	11
Alaska	YES		YES	
Arizona	NO	19	NO	26
Arkansas	NO	21	NO	29
California	YES		YES	
Colorado	NO	17	NO	23
Connecticut *	NO	38	YES	
Delaware **	YES		YES	
District of Columbia	YES		YES	
Florida	NO	27	NO	36
Georgia	NO	17	NO	23
Hawaii **	YES		YES	
Idaho	NO	13	NO	18
Illinois*	NO	20	NO	27
Indiana	NO	12	NO	17
Iowa	NO	35	YES	
Kansas	NO	25	NO	34
Kentucky	NO	20	NO	28
Louisiana	NO	9	NO	12
Maine	YES		YES	
Maryland *	NO	17	NO	23
Massachusetts **	YES		YES	
Michigan	NO	18	NO	25
Minnesota **	YES		YES	
Mississippi	NO	15	NO	20
Missouri	NO	13	NO	17
Montana	NO	27	NO	36
Nebraska *	NO	16	NO	22
Nevada	NO	14	NO	19
New Hampshire	NO	23	NO	31
New Jersey	NO	18	NO	24
New Mexico	NO	23	NO	31
New York	NO	35	YES	
North Carolina	NO	21	NO	28
North Dakota	NO	21	NO	28
Ohio	NO	32	YES	
Oklahoma	NO	14	NO	19
Oregon **	NO	38	YES	
Pennsylvania	NO	27	NO	36
Rhode Island	YES		YES	
South Carolina	NO	22	NO	30
South Dakota	NO	26	NO	36
Tennessee	NO	25	NO	34
Texas *	NO	12	NO	16
Utah *	NO	22	NO	29
Vermont **	YES		YES	
Virginia	NO	13	NO	17
Washington	NO	36	YES	
West Virginia	NO	11	NO	15
Wisconsin	NO	24	NO	33
Wyoming	NO	26	NO	35
Median state	NO	23	NO	31

Unless otherwise noted, the earnings threshold presented in this table are based on the income standards and earnings disregards used by states under their family coverage categories to determine the ongoing eligibility of a parent who has been working for 12 months or more. States marked with an "*" have not yet established a family coverage category and base their earnings threshold on their medically needy eligibility rules. States marked with "**" have expanded coverage to low-income working parents under an 1115 waiver and the table is based on the eligibility rules that apply to parents under the waiver. See Appendices B and C for additional information. Some states have minimum wage levels that are higher than the federal level.

Appendix B:

Methodology Used to Develop Tables with State-Specific Information on Medicaid Eligibility Rules for Parents

This Appendix describes the methodology used to develop the tables in this report that provide state-specific information on Medicaid eligibility rules for parents. It applies to Tables 3 through 5, which appear in the body of the report, as well as to Tables 6 and 7, which appear in Appendix A.

General Information

The tables with state-specific information about Medicaid eligibility rules for parents in this report are based on the eligibility rules that apply to a three-person family that is not on welfare and that has one working parent.

Technically, the Medicaid rules described in these tables are used to determine the eligibility of families with children, not just parents. However, since most children also are eligible for Medicaid under other eligibility categories (e.g., poverty level eligibility categories for children) at higher income levels than are presented in these tables, the thresholds and rules noted in these tables relate primarily to parents.

When eligibility rules for income vary within a state, the tables display the rules that apply in the sub-state area with the largest number of Medicaid beneficiaries.

In many states, parents have more than one route to Medicaid eligibility. Unless otherwise specified, the tables display the eligibility rules used under a state's "family coverage" category (i.e., the "delinking" or "section 1931" eligibility category based on a state's July 16, 1996 AFDC income, resource, and family composition rules that replaced the automatic eligibility link between Medicaid and cash welfare when the 1996 federal welfare law was enacted). There are two circumstances under which the information in the tables is not based on the rules that apply to the family coverage category.

- "*Medically needy category*" — Some states, identified by an "*" in the tables, have not yet fully implemented the requirement in the 1996 federal welfare law to delink TANF and Medicaid eligibility, but do have a "medically needy" eligibility category for families with children that can be used to cover parents and other caretaker relatives who are ineligible for or who elect not to be on TANF. The medically needy eligibility category for families with children is an optional Medicaid eligibility category that covers families who have income and resources below state-established medically needy thresholds or who fall below these thresholds after they "spend down" their "excess" income and resources 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 resources are below medically needy thresholds even when medical bills are not taken into account. Note that the coverage available to a parent who is eligible for Medicaid under a medically needy eligibility category is not identical to the coverage that would be available to them if their state had established a family coverage category. For example, families that lose their eligibility for coverage

under the family coverage category due to their earnings are eligible for up to a year of Transitional Medical Assistance. TMA, however, is not available to families that lose eligibility for a medically needy category due to earnings.

- *1115 waiver*— Some states, identified with "*" have expanded Medicaid to parents under a section 1115 Medicaid waiver. Whenever the information in the tables is based on an 1115 waiver, this is specifically noted because 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. For example, parents covered under an 1115 waiver expansion may pay premiums or other cost-sharing charges, may receive a somewhat narrower set of benefits, and may face requirements that they be uninsured at the time they seek Medicaid or for a period of time prior to seeking coverage. They also typically will not be eligible for up to a year of Transitional Medical Assistance when they lose eligibility for Medicaid under 1115 waiver expansion rules (unlike their counterparts who lose eligibility for Medicaid under the family coverage category due to earnings or child support income).

State-specific notes that appear in Appendix C describe any important differences in the terms of the coverage available under a state's 1115 waiver expansion versus its regular Medicaid program. If an 1115 waiver state also has established a Medicaid family coverage category as part of its regular Medicaid program that covers a subset of parents at lower income levels than its waiver rules, the state-specific notes in Appendix C describe the income standard used under the state's family coverage category.

Background Information on Specific Tables

Tables 3 and 4

Tables 3 and 4 provide information on how much a working parent who *applies* for Medicaid can earn and still be found eligible for coverage. Table 3 presents the information in terms of dollar limits on earnings and Table 4 presents it in terms of how many hours a week a parent can work. Both tables take into account how states treat a family's earnings when evaluating their application for Medicaid. For example, many states disregard \$90 in earnings each month for each wage earner when determining a family's countable income to account for expenses associated with working. Thus, a state that covers a working parent in a three-person family with countable income below \$600 a month would extend coverage to a parent with gross earnings of \$690 a month ($\$690 - \$90 = \600, the state's countable income threshold of \$600 a month). A number of states, however, have adopted significantly more generous disregards of earnings and these are reflected in Tables 3 and 4.

The earnings thresholds presented in these tables do not take into account other possible disregards or deductions a family might receive, the most significant of which is the deduction for child care expenses. A parent who pays out-of-pocket for child care costs is likely to be eligible for Medicaid at somewhat higher gross earnings levels than are presented in the table. At the same time, a parent with income from sources other than earnings may be eligible for Medicaid at lower income levels than those identified in these tables because the parent may not be able to take full advantage of a state's earnings disregard policy.

Note that states generally define a person applying for Medicaid as someone who has not been enrolled in Medicaid in one of the four previous months.

Table 5

Table 5 shows whether or not a state covers two-parent families to the same extent that it covers single-parent families 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. 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.

Tables 6 and 7

Tables 6 and 7, which appear in Appendix A, display how much a working parent in a three-person family who is enrolled in Medicaid can earn and still retain eligibility for ongoing coverage, with Table 6 presenting the information in terms of a dollar limit and Table 7 presenting it in terms of how many hours a week such a parent can work. They differ from Tables 3 and 4 because they are based on the gross earnings thresholds that relate to parents who already are enrolled in Medicaid and then find a job or have increased earnings, as opposed to working parents who are applying for Medicaid.

As with Tables 3 and 4, Tables 6 and 7 reflect a state's earnings disregard policies, as well as the state's countable income threshold for parents enrolled in Medicaid. They do not take into account other disregards or deductions that parents can receive, and they assume that all income is from earnings.

More specifically, Tables 6 and 7 show the gross earnings eligibility thresholds that apply to a parent already enrolled in Medicaid who has been working for twelve months or more. Parents already enrolled in Medicaid, but who have been working for fewer than twelve months, may be eligible for regular Medicaid at different gross earnings levels than those displayed in Tables 6 and 7 because some states offer Medicaid beneficiaries a different earnings disregard for a time-limited period. For example, many states disregard \$30 plus one-third of remaining earnings for the first four months that a parent works.

Also note that Tables 6 and 7 display how much a parent can earn and retain ongoing Medicaid coverage as opposed to time-limited coverage under Transitional Medical Assistance. Under federal law, families who lose their eligibility for regular Medicaid under the family coverage category because of an increase in earnings or the lapse of an earnings disregard policy are eligible for six months of Transitional Medical Assistance and for an additional six months if the family's gross income (less child care expenses) is below 185 percent of the poverty level. (Twelve states have received waivers to extend TMA for longer than 12 months.) States also must provide four months of transitional coverage to a family who loses Medicaid due to child support income.

Source of Information

For most states, the information in these tables on Medicaid eligibility rules are based on a survey on the implementation of the Medicaid provisions included in the 1996 federal welfare law conducted by the State Policy Documentation Project, a joint project of the Center for Law and Social Policy and the Center on Budget and Policy Priorities. Responses to the survey were verified by officials in most states in the fall of 1998. In states for which verified survey results were not available, the Center has confirmed the information included in this table directly with state officials. The only exception is that in Virginia state officials did not verify or comment on the information included in these tables.

Since states continue to examine and revise their coverage of families with children under the family coverage category, it is possible that some of the information in this table may have changed since it was confirmed by state officials in late 1998.

Appendix C:

Additional State-Specific Information on Medicaid Eligibility Rules for Parents

These state-specific notes are designed to supplement the tables in this report that provide information about each state's Medicaid eligibility rules for parents (Table 3 - Table 7) by explaining relevant details about a state's coverage of parents. For example, they indicate when a state has an additional route to Medicaid coverage for parents through a medically needy eligibility category or through a continued linkage of Medicaid eligibility to receipt of cash assistance. Throughout this Appendix, the phrase "gross earnings" is used in situations where a state's earnings disregard policies have been taken into account.

Arkansas also has a medically needy eligibility category that provides coverage to a family of three with countable income below \$275 per month.

California also has a medically needy eligibility category that provides coverage to a family of three with countable income below \$934 per month.

Connecticut has not yet fully implemented the delinking of TANF and Medicaid as of the fall, 1998. As a result, applicants are most likely to be evaluated for Medicaid eligibility under the state's medically needy eligibility rules unless they also are seeking TANF coverage. Once a family is on Medicaid, it remains eligible for coverage as long as it meets medically needy eligibility criteria or TANF income and resource eligibility rules. A working parent in a three-person family receiving TANF retains eligibility for coverage until the parent's gross earnings reach \$1,138 per month or 100 percent of the poverty level. As a result, as noted in Tables 6 - 7, once a parent is on Medicaid, she continues to remain eligible for coverage until her gross earnings reach \$1,138 per month.

Delaware extends Medicaid to all uninsured adults, including parents, with countable income (gross income less a \$90 earnings and other disregards) at or below 100 percent of the poverty level under an 1115 waiver. These are the income thresholds reflected in Tables 3 - 4 and Tables 6 - 7. There are some differences in the coverage available to parents under this 1115 waiver versus the coverage available to them if they qualify for regular Medicaid under the state's delinking category. Under the 1115 waiver expansion, an adult must be fully uninsured in order to be eligible and coverage does not start until the adult has enrolled in a managed care plan. In contrast, under the family coverage category, parents can be enrolled in Medicaid if they have insurance from another source and Medicaid will cover services not covered by the private plan. Also, they can receive services on a fee-for-service basis until they are enrolled in a managed care plan. In Delaware, a working parent in a three-person family with no child care expenses who applies for Medicaid is eligible for coverage under the delinking category if her gross earnings fall below \$427 per month. Once on Medicaid, she remains eligible for coverage under the delinking category until her gross earnings reach \$942 per month.

Hawaii covers parents with gross income up to 100 percent of the poverty level under an 1115 Medicaid waiver, as noted in Tables 3 - 7. The poverty level in Hawaii is set at \$1,309 per month, a level that is different from that of other states. Hawaii also has a medically needy eligibility category that covers a family of three with countable income up to \$712 a month. It has not established a delinking Medicaid eligibility category.

Illinois has not yet implemented the requirement to delink TANF and Medicaid eligibility and does not have a family coverage category as of the fall, 1998. The state provides Medicaid to non-TANF families with children through its medically needy eligibility category, at the levels noted in Tables 3 - 4 and Tables 6 - 7. It also provides Medicaid to all TANF recipients. (State law requires that persons receiving TANF also receive Medicaid.) In order to initially qualify for TANF, a three-person family must have gross earnings below \$466 per month and to remain on welfare a family must have gross earnings below \$1,128 per month.

Indiana also provides Medicaid to all TANF recipients. Under its TANF program, Indiana has established a special "zero-grant" status for families on welfare who increase their earnings to the point that they no longer are eligible for cash benefits, but who nevertheless have income below 100 percent of the poverty level. Families in this zero-grant status are still considered TANF recipients and so, under Indiana rules, are eligible for Medicaid. Thus, some parents with income up to 100 percent of the poverty level are eligible for Medicaid in Indiana, but they are eligible up to this income level only if they recently have received cash welfare benefits and if they are willing to continue to be classified as TANF recipients (and have the TANF time limits continue to run) even after they have stopped receiving cash welfare benefits.

Iowa also has a medically needy eligibility category that provides coverage to a family of three with countable income below \$566 per month.

Louisiana also has a medically needy eligibility category that provides coverage to a family of three with countable income below \$699 a quarter; this translates into countable income below \$233 per month.

Maryland has not yet established a family coverage category as of fall, 1998. Instead it provides coverage to families who are not on cash assistance through its medically needy eligibility category, at the levels noted in Tables 3 - 4 and Tables 6 - 7. In addition, it provides Medicaid to all TANF recipients. In general, a working single parent with two children is income-eligible for TANF when applying for assistance if her gross earnings fall below \$484 a month. She remains income-eligible for TANF (and Medicaid) as long as her gross earnings remain below \$523 per month.

Massachusetts covers all families with children with gross income below 133 percent of the poverty level under an 1115 Medicaid waiver; these are the income levels noted in Tables 3 - 4 and Tables 6 - 7. Some parents, including those who are pregnant, disabled, or working for an employer that offers family coverage that meets specified conditions (e.g., the employer-sponsored coverage must meet benefit and cost-sharing standards, as well as a requirement that the employer cover 50 percent or more of the cost of the coverage) may be eligible for publicly-funded coverage at higher income levels. Also, the state provides Medicaid to all TANF recipients.

Michigan also has a medically needy eligibility category that provides coverage to a family of three with countable income below \$532 a month.

Minnesota offers subsidized health care coverage to uninsured parents and other caretaker relatives with gross income at or below 275 percent of the poverty level under "MinnesotaCare," the state's 1115 waiver program. These are the incomes levels noted in Tables 3 - 4 and Tables 6 - 7. Once enrolled in MinnesotaCare, parents and other caretaker relatives can remain enrolled even if their income exceeds 275 percent of the poverty level if they are willing to pay the full cost of coverage. The parents who are covered as a result of this waiver face some additional restrictions on their eligibility for coverage that do not apply to their counterparts who are eligible under Minnesota's family coverage category. (The delinking category generally covers a parent in a three-person family applying for coverage if the parent has gross earnings of up to \$826 per month. As recipients, the family can retain regular coverage under the family coverage category if its gross earnings are at or below \$621 per month). To qualify for MinnesotaCare, families cannot have had employer-subsidized health coverage within the last 18 months through their current employer, cannot have had any other type of health coverage within the last four months, and cannot currently have access to employer-subsidized insurance coverage for which the employer covers 50 percent or more of the cost. Adults enrolled in MinnesotaCare also have benefit restrictions and cost-sharing that do not apply to adults enrolled under the state's family coverage category.

Minnesota also has a medically needy category that provides coverage to a family of three with countable income below \$709 per month.

Mississippi also provides Medicaid to all of its TANF recipients. Since it provides a disregard of 100 percent of earnings for six months to employed TANF recipients, this means that some parents at higher gross earnings levels than noted in Tables 6 - 7 may be able to qualify for Medicaid for a limited period, but only if they also are receiving welfare.

Missouri has received initial approval from HCFA under an 1115 waiver to provide coverage to uninsured custodial parents with countable income at or below 100 percent of the poverty level. Since this waiver is not expected to be implemented until later in February 1999, the new income levels are not reflected in Tables 3 - 4 and Tables 6 - 7. Under the 1115 waiver, the state also would cover uninsured non-custodial parents with countable income below 125 percent of the poverty level who are current in paying their child support, as well as uninsured non-custodial parents actively participating in Missouri's Parents' Fair Share program. In order to qualify for coverage under the 1115 waiver expansion, parents must have been uninsured for a period of six months (with some exceptions). Once enrolled in Medicaid as part of an expansion group, parents receive a narrower set of benefits than their counterparts who are covered under the state's delinking Medicaid eligibility category and will have cost-sharing obligations not applicable to their counterparts enrolled in the state's delinking Medicaid eligibility category. Finally, the 1115 waiver will allow Missouri to extend Transitional Medical Assistance for an additional two years to parents who otherwise would be uninsured, assuring that families who lose their ongoing Medicaid eligibility under the state's delinking category may be eligible for up to three years of transitional coverage.

Nebraska has not established a family coverage category as of the fall, 1998. Instead it provides coverage to families who are not receiving cash assistance through its medically needy eligibility category at the levels noted in Tables 3 - 4 and Tables 6 - 7. Due to budgeting rules that breakdown the family unit into as many distinct units as possible and then aggregate the income thresholds for each of these distinct units to create a new family income threshold, parents may be eligible for Medicaid under Nebraska's medically needy category at higher income levels than presented in this report depending on their individual circumstances, including the number of children that they have and the age of their children. In addition, Nebraska provides Medicaid to all TANF recipients. In general, a parent in a three-person family is income-eligible for TANF if her gross earnings fall below \$668 a month. A parent who is eligible for TANF can elect to receive only Medicaid, but any months in which the parent receives Medicaid count against the family's TANF time limit.

New Hampshire also provides Medicaid to its TANF recipients who may be eligible for TANF (and, hence Medicaid) at higher gross earnings levels than those noted in Tables 3 - 4 and Tables 6 - 7. In addition, the state has a medically needy category that provides coverage to a family of three with countable income below \$652 per month.

New York also has a medically needy category that provides coverage to a family of three with countable income below \$867 a month.

North Carolina also has a medically needy category that provides coverage to a family of three with countable income below \$367 a month.

North Dakota also has a medically needy category that provides coverage to a family of three with countable income below \$505 a month.

Ohio has an earnings disregard for recipients reflected in Tables 6 - 7 that is reduced after 18 months. Under the \$90 earnings disregard policy that goes into effect after 18 months, the gross earnings threshold for a working parent in a three-person family is \$451 per month.

Oklahoma also has a medically needy category that provides coverage to a family of three with countable income below \$412 a month.

Oregon covers non-elderly adults, including parents, with gross income below 100 percent of the federal poverty level poverty under an expansion adopted as part of an 1115 Medicaid waiver. This is the income level presented in Tables 3 - 4 and Tables 6 - 7. The parents who are covered as a result of the 1115 waiver expansion pay premiums of \$6 to \$28 a month that are not applicable to their counterparts who are eligible under Oregon's family coverage category. (The delinking category generally covers a working parent in a three-person family if the parent has gross earnings below \$808 per month).

Oregon also has a medically needy category that provides Medicaid coverage to a family of three with countable income below \$615 a month. In addition, it provides Medicaid to all TANF recipients.

Pennsylvania also has a medically needy category that provides coverage to a family of three with countable income below \$2,800 over a six-month period; this translates into countable income below \$467 per month.

Tennessee also provides Medicaid to all parents who are receiving TANF. Since it has more generous earnings disregard policies under TANF than under its family coverage category, this means that some parents receiving TANF may be able to qualify for Medicaid at a higher gross earnings level than noted in Tables 3 - 4 for a limited period of time.

In addition, a parent who can initially qualify for Medicaid under the state's family coverage category is guaranteed a slot in TennCare, the state's special health insurance program operated under a Medicaid 1115 waiver, when the parent loses eligibility for Medicaid under the delinking category. Premiums are required once the parent's income reaches 100 percent of the poverty level.

Utah also provides Medicaid to all of its TANF recipients who may be eligible for TANF benefits (and, hence, Medicaid) at higher gross earnings levels than the levels noted in Tables 3 - 4 and Tables 6 - 7.

Texas has not established a delinking Medicaid eligibility category as of the fall, 1998; instead it provides coverage to families who are not on cash assistance through its medically needy eligibility category at the levels noted in Tables 3 - 4 and Tables 6 - 7. Texas also provides Medicaid to all TANF recipients. Beginning in April of 1999, the state 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.

Vermont covers most adults, including parents, with countable income below 150 percent of the poverty level under an expansion it enacted as part of an 1115 Medicaid waiver. This is the income level noted in Tables 3 - 4 and Tables 6 - 7. The parents who are covered under this expansion have restrictions on their eligibility for coverage that do not apply to their counterparts who are eligible under Vermont's delinking Medicaid category for families with children. (This regular category generally covers a parent with two children if she has gross earnings below about \$997 per month, although this eligibility threshold varies depending on the area of the state in which a family resides). For example, adults covered under the 1115 waiver expansion generally must have resided in the state and have been fully uninsured for at least 12 months before they are eligible for coverage. The benefit package that they receive also is not identical to the package available to regular Medicaid beneficiaries and they pay an enrollment fee of up to \$20 and cost-sharing for specific services.

Vermont also has a medically needy category that provides coverage to a family of three with countable income below \$825 a month.

Virginia also has a medically needy category that provides coverage to a family of three with countable income below \$358 a month.

West Virginia has a medically needy category that provides coverage to a family of three with countable income below \$290 a month.

Wisconsin received approval from the Health Care Financing Administration on January 22, 1999 to implement "BadgerCare," a program that will expand Medicaid to families with children, including the parents in these families, up to 185 percent of the poverty level under an 1115 waiver. Once enrolled, families will retain eligibility for coverage until their incomes reach 200 percent of the poverty level. The expansion will be financed with a mixture of state funds, premiums from families, federal child health funds and Medicaid funds. Families with income above 150 percent of the poverty level will pay premiums to participate in the program.

Appendix D:

Federal Medicaid Matching Rates for Fiscal Year 1999

**Table 8
Federal Medicaid Matching Rates for Fiscal Year 1999**

State	Federal Medicaid Matching Rate
Alabama	69.27
Alaska	59.80
American Samoa	50.00
Arizona	65.50
Arkansas	72.96
California	51.55
Colorado	50.59
Connecticut	50.00
Delaware	50.00
District of Columbia	70.00
Florida	55.82
Georgia	60.47
Guam	50.00
Hawaii	50.00
Idaho	69.85
Illinois	50.00
Indiana	61.01
Iowa	63.32
Kansas	60.05
Kentucky	70.53
Louisiana	70.37
Maine	66.40
Maryland	50.00
Massachusetts	50.00
Michigan	52.72
Minnesota	51.50
Mississippi	76.78
Missouri	60.24
Montana	71.73
Nebraska	61.46
Nevada	50.00
New Hampshire	50.00
New Jersey	50.00
New Mexico	72.98
New York	50.00
North Carolina	63.07
North Dakota	69.94
Northern Mariana Islands	50.00
Ohio	58.26
Oklahoma	70.84
Oregon	60.55
Pennsylvania	53.77
Puerto Rico	50.00
Rhode Island	54.05
South Carolina	69.85
South Dakota	68.16
Tennessee	63.09
Texas	62.45
Utah	71.78
Vermont	61.97
Virgin Islands	50.00
Virginia	51.60
Washington	52.50
West Virginia	74.47
Wisconsin	58.85
Wyoming	64.08

Source: Department of Health and Human Services.