



# Medicaid At-a-Glance 2005

*A Medicaid Information Source*



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# THE MEDICAID PROGRAM

The Medicaid Program provides medical benefits to groups of low-income people, some who may have no medical insurance or inadequate medical insurance. Although the Federal government establishes general guidelines for the program, the Medicaid program requirements are actually established by each State. Whether or not a person is eligible for Medicaid will depend on the State where he or she lives.



## KEY ELIGIBILITY GROUPS



States are required to include certain types of individuals or eligibility groups under their Medicaid plans and they may include others. States' eligibility groups will be considered one of the following: categorically needy, medically needy, or special groups. Following are brief descriptions of some of the key eligibility groups included under States' plans. These descriptions do not include all groups. Contact your state for more information on all Medicaid groups in your state. (For more information, see <http://www.cms.hhs.gov/medicaid/eligibility> or <http://www.cms.hhs.gov/medicaid/whoiseligible.asp>).

## CATEGORICALLY NEEDY

- Families who meet states' Aid to Families with Dependent Children (AFDC) eligibility requirements in effect on July 16, 1996.
- Pregnant women and children under age 6 whose family income is at or below 133 % of the Federal poverty level.
- Children ages 6 to 19 with family income up to 100% of the Federal poverty level.
- Caretakers (relatives or legal guardians who take care of children under age 18 (or 19 if still in high school)).
- Supplemental Security Income (SSI) recipients (or, in certain states, aged, blind, and disabled people who meet requirements that are more restrictive than those of the SSI program).
- Individuals and couples who are living in medical institutions and who have monthly income up to 300% of the SSI income standard (Federal benefit rate).



## MEDICALLY NEEDY



The medically needy have too much money (and in some cases resources like savings) to be eligible as categorically needy. If a state has a medically needy program, it must include pregnant women through a 60-day postpartum period, children under age 18, certain newborns for one year, and certain protected blind persons.

States may also, at the State's option, provide Medicaid to:


- Children under age 21, 20, 19, or under age 19 who are full-time students. If a state doesn't want to cover all of these children, it can limit eligibility to reasonable groups of these children.
- Caretaker relatives (relatives or legal guardians who live with and take care of children).
- Aged persons (age 65 and older).
- Blind persons (blindness is determined using the SSI program standards or state standards).
- Disabled persons (disability is determined using the SSI program standards or state standards).
- Persons who would be eligible if not enrolled in a health maintenance organization.

States that have medically needy programs:

Arkansas	Hawaii	Maine	Nebraska	Pennsylvania	Vermont
California	Illinois	Maryland	New Hampshire	Puerto Rico	Virginia
Connecticut	Iowa	Massachusetts	New Jersey	Rhode Island	Washington
Dist. of Columbia	Kansas	Michigan	New York	Tennessee	West Virginia
Florida	Kentucky	Minnesota	North Carolina	Texas*	Wisconsin
Georgia	Louisiana	Montana	North Dakota	Utah	

*\*The medically needy program in Texas covers only the "mandatory" medically needy groups. It does not cover the aged, blind and disabled.*

## SPECIAL GROUPS

- Medicare Beneficiaries—Medicaid pays Medicare premiums, deductibles and coinsurance for Qualified Medicare Beneficiaries (QMB)—individuals whose income is at or below 100% of the Federal poverty level and whose resources are at or below twice the standard allowed under SSI. There are additional groups for whom Medicare related expenses are paid by Medicaid—Medicare beneficiaries with income greater than 100% but less than 135% of the Federal poverty level. 
- Qualified Working Disabled Individuals—Medicaid can pay Medicare Part A premiums for certain disabled individuals who lose Medicare coverage because of work. These individuals have income below 200% of the Federal poverty level and resources that are no more than twice the standard allowed under SSI.
- States may also improve access to employment, training, and placement of people with disabilities who want to work through expanded Medicaid eligibility. Eligibility can be extended to working disabled people between ages 16 and 65 who have income and resources greater than that allowed under the SSI program. States can extend eligibility even more to include working individuals who become ineligible for the group described above because their medical conditions improve. States may require such individuals to share in the cost of their medical care.
- There are two eligibility groups related to specific medical conditions that states may include under their Medicaid plans. One is a time-limited eligibility group for women who have breast or cervical cancer; the other is for people with tuberculosis (TB) who

are uninsured. Women with breast or cervical cancer receive all plan services; TB patients receive only services related to the treatment of TB. The charts below identify the states that include these groups under their Medicaid plans.

#### States including people with TB:

California	Minnesota	Oklahoma	Rhode Island	Wisconsin
Dist. of Columbia	New York	Puerto Rico	Utah	Wyoming
Louisiana				

#### States including women with breast or cervical cancer:

Alabama	Florida	Louisiana	Nebraska	Ohio	Texas
Alaska	Georgia	Maine	Nevada	Oklahoma	Utah
Arizona	Hawaii	Maryland	New Hampshire	Oregon	Vermont
Arkansas	Idaho	Massachusetts	New Jersey	Pennsylvania	Virginia
California	Illinois	Michigan	New Mexico	Rhode Island	Washington
Colorado	Indiana	Minnesota	New York	South Carolina	West Virginia
Connecticut	Iowa	Mississippi	North Carolina	South Dakota	Wisconsin
Delaware	Kansas	Missouri	North Dakota	Tennessee	Wyoming
Dist. of Columbia	Kentucky	Montana			

### 1115 medicaid waivers:

- Some states have also expanded eligibility under Medicaid waivers. Often the expanded eligibility is only for people who enroll in managed care.

#### States with 1115 statewide, expanded eligibility waivers:

Alabama	Dist. of Columbia	Maryland	New Jersey	Tennessee
Alaska	Florida	Massachusetts	New Mexico	Utah
Arizona	Hawaii	Michigan	New York	Virginia
Arkansas	Idaho	Minnesota	Oregon	Vermont
California	Illinois	Mississippi	Rhode Island	Washington
Colorado	Maine	Missouri	South Carolina	Wisconsin
Delaware				

*Note: States also enroll beneficiaries in managed care through 1915(b) waivers. Only two states, Alaska and Wyoming, do not include managed care in their Medicaid program.*

### long term care:

- All states provide community Long Term Care services for individuals who are Medicaid eligible and qualify for institutional care. Most states use eligibility requirements for such individuals that are more liberal than those normally used in the community.

To find out more about Medicaid in your State call the toll free number for your State. A list of toll free numbers can be reached through the CMS website, <http://www.cms.hhs.gov/medicaid/consumer.asp>.

Find out more about Medicare by calling **1-800-MEDICARE** or going to <http://www.medicare.gov>.

## STATE CHILDREN'S HEALTH INSURANCE PROGRAMS



In addition to a state's Medicaid program, states have a health insurance program for children up to age 19, known as the State Children's Health Insurance Program (SCHIP). In some states the SCHIP is part of the state's Medicaid program, in some states it is separate, and in some states it is a combination of both types of programs. These programs are for children whose parents have too much money to be eligible for Medicaid, but not enough to buy private insurance. Most states offer this insurance coverage to children in families whose income is at or below 200% of the Federal poverty level. However, because states have different income eligibility requirements, you need to find out about the program in your

state. Not all the insurance programs provide the same benefits, but they all include shots (immunizations) and care for healthy babies and children at no cost. Families may have to pay a premium or a small amount (co-payment) for other services depending on their income.

While states call their child health insurance programs by different names, you should be able to find out about the program in your state by asking for the State Children's Health Insurance Program or calling [1-877-KIDS NOW \(1-877-543-7669\)](tel:1-877-KIDS-NOW).

For more detailed SCHIP information see the following websites: <http://cms.hhs.gov/schip> and <http://www.insurekidsnow.gov>.

## MANDATORY STATE PLAN SERVICES

### services for categorically needy eligibility groups:

Medicaid eligibility groups classified as categorically needy are entitled to the following services unless waived under section 1115 of the Medicaid law. These service entitlements do not apply to the SCHIP programs.



- Inpatient hospital (excluding inpatient services in institutions for mental disease).
- Outpatient hospital including Federally Qualified Health Centers (FQHCs) and if permitted under state law, rural health clinic and other ambulatory services provided by a rural health clinic which are otherwise included under states' plans.
- Other laboratory and x-ray.
- Certified pediatric and family nurse practitioners (when licensed to practice under state law).
- Nursing facility services for beneficiaries age 21 and older.
- Early and periodic screening, diagnosis, and treatment (EPSDT) for children under age 21.\*
- Family planning services and supplies.
- Physicians' services.
- Medical and surgical services of a dentist.
- Home health services for beneficiaries who are entitled to nursing facility services under the state's Medicaid plan.
  - Intermittent or part-time nursing services provided by home health agency or by a registered nurse when there is no home health agency in the area.
  - Home health aides.
  - Medical supplies and appliances for use in the home.
- Nurse mid-wife services.
- Pregnancy related services and service for other conditions that might complicate pregnancy.
- 60 days postpartum pregnancy related services.

*\*Under the EPSDT program, states are required to provide all medically necessary services. This includes services that would otherwise be optional services. If an optional service is only available through the EPSDT program, it will not appear on this chart.*

## services for medically needy eligibility groups:

States must provide at least the following services when the medically needy are included under the Medicaid plans:

- Prenatal and delivery services.
- Post partum pregnancy related services for beneficiaries under age 18 and who are entitled to institutional and ambulatory services defined in a state's plan.
- Home health services to beneficiaries who are entitled to receive nursing facility services under the state's Medicaid plan.

States may include any other services described under Medicaid law subject to any limits based on comparability of services. States may provide different services to different groups of medically needy. For example, States may opt to provide specific services for beneficiaries under age 21 and/or over age 65 in institutions for mental disease and/or intermediate care facilities for the mentally retarded if included as medically needy. However, unless there is a waiver, the services provided to a particular group must be available to everyone within that group. The chart does not reflect different services for the different medically needy sub-groups—only that at least one group gets the service.

## STATE PLAN

(See below)



### optional medicaid state plan services:

The services reflected on this chart are only the optional state plan services that states have elected to include under their plans and managed care waivers as of March 31, 2005. (See <http://www.cms.hhs.gov/medicaid/stateplans>, <http://www.cms.hhs.gov/medicaid/managedcare> or call the state's Medicaid agency for up-to-date information.) The eligibility groups that are entitled to each service are identified. The chart does not include services provided under the SCHIP programs or additional non-plan services that may be provided through waiver programs or managed care organizations. The chart also does not reflect the services that states are required to provide. A description of those services and the services for the optional medically needy eligibility groups are described above.

The chart identifies limits on services, but it doesn't reflect what type of limit is imposed. Generally, these limits are on the number of visits, days a service may be provided or items of services like prescriptions that may be filled in a specified time. It is important to note that states may, under waiver authority, also be imposing additional limits on sub-groups of the eligibility categories listed.

### federal/state matching rates for services:

The Medicaid program is funded through Federal and state funds. States have different Federal matching rates to fund the services provided under their Medicaid programs. The Federal matching rates for each state for Federal fiscal years 2005 and 2006 are reflected on the chart.

# FEDERAL POVERTY LEVEL CHARTS

The 2005 Federal Poverty Level Charts were used by state Medicaid agencies in developing their eligibility criteria for various Medicaid groups for the period covered by this Medicaid At-a-Glance chart. In some cases the law requires states to use a percentage of the Federal poverty level as the income threshold while other states have elected to use percentages of the Federal poverty level for their eligibility criteria.



## 2005 POVERTY LEVEL GUIDELINES

Income Guidelines as Published in the Federal Register on 02/18/2005  
ANNUAL GUIDELINES

### ALL STATES (EXCEPT ALASKA AND HAWAII) AND D.C.

FAMILY SIZE	PERCENT OF POVERTY								
	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	9,570.00	11,484.00	12,728.10	12,919.50	14,355.00	16,747.50	17,704.50	19,140.00	23,925.00
2	12,830.00	15,396.00	17,063.90	17,320.50	19,245.00	22,452.50	23,735.50	25,660.00	32,075.00
3	16,090.00	19,308.00	21,399.70	21,721.50	24,135.00	28,157.50	29,766.50	32,180.00	40,225.00
4	19,350.00	23,220.00	25,735.50	26,122.50	29,025.00	33,862.50	35,797.50	38,700.00	48,375.00
5	22,610.00	27,132.00	30,071.30	30,523.50	33,915.00	39,567.50	41,828.50	45,220.00	56,525.00
6	25,870.00	31,044.00	34,407.10	34,924.50	38,805.00	45,272.50	47,859.50	51,740.00	64,675.00
7	29,130.00	34,956.00	38,742.90	39,325.50	43,695.00	50,977.50	53,890.50	58,260.00	72,825.00
8	32,390.00	38,868.00	43,078.70	43,726.50	48,585.00	56,682.50	59,921.50	64,780.00	80,975.00

For family units of more than 8 members, add \$3,260 for each additional member.

### MONTHLY GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY								
	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	797.50	957.00	1,060.68	1,076.63	1,196.25	1,395.63	1,475.38	1,595.00	1,993.75
2	1,069.17	1,283.00	1,421.99	1,443.38	1,603.75	1,871.04	1,977.96	2,138.33	2,672.92
3	1,340.83	1,609.00	1,783.31	1,810.13	2,011.25	2,346.46	2,480.54	2,681.67	3,352.08
4	1,612.50	1,935.00	2,144.63	2,176.88	2,418.75	2,821.88	2,983.13	3,225.00	4,031.25
5	1,884.17	2,261.00	2,505.94	2,543.63	2,826.25	3,297.29	3,485.71	3,768.33	4,710.42
6	2,155.83	2,587.00	2,867.26	2,910.38	3,233.75	3,772.71	3,988.29	4,311.67	5,389.58
7	2,427.50	2,913.00	3,228.58	3,277.13	3,641.25	4,248.13	4,490.88	4,855.00	6,068.75
8				3,643.88	4,048.75	4,723.54			

### ALASKA

FAMILY SIZE	PERCENT OF POVERTY								
	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	11,950.00	14,340.00	15,893.50	16,132.50	17,925.00	20,912.50	22,107.50	23,900.00	29,875.00
2	16,030.00	19,236.00	21,319.90	21,640.50	24,045.00	28,052.50	29,655.50	32,060.00	40,075.00
3	20,110.00	24,132.00	26,176.30	27,148.50	30,165.00	35,192.50	37,203.50	40,220.00	50,275.00
4	24,190.00	29,028.00	32,142.70	32,656.50	36,285.00	42,332.50	44,751.50	48,380.00	60,475.00
5	28,270.00	33,924.00	37,599.10	38,164.50	42,405.00	49,472.50	52,299.50	56,540.00	70,675.00
6	32,350.00	38,820.00	43,025.50	43,672.50	48,525.00	56,612.50	59,847.50	64,700.00	80,875.00
7	36,430.00	43,716.00	48,451.90	49,180.50	54,645.00	63,752.50	67,395.50	72,860.00	91,075.00
8	40,510.00	48,612.00	53,878.30	54,688.50	60,765.00	70,892.50	74,943.50	81,020.00	101,275.00

For family units of more than 8 members, add \$4,080 for each additional member.

### MONTHLY GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY								
	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	995.83	1,195.00	1,324.46	1,344.38	1,493.75	1,742.71	1,842.29	1,991.67	2,489.58
2	1,335.83	1,603.00	1,776.66	1,803.38	2,003.75	2,337.71	2,471.29	2,671.67	3,339.58
3	1,675.83	2,011.00	2,228.86	2,262.38	2,513.75	2,932.71	3,100.29	3,351.67	4,189.58
4	2,015.83	2,419.00	2,681.06	2,721.38	3,023.75	3,527.71	3,729.29	4,031.67	5,039.58
5	2,355.83	2,827.00	3,133.26	3,180.38	3,533.75	4,122.71	4,358.29	4,711.67	5,889.58
6	2,695.83	3,235.00	3,585.46	3,639.38	4,043.75	4,717.71	4,987.29	5,391.67	6,739.58
7	3,035.83	3,643.00	4,037.66	4,098.38	4,553.75	5,312.71	5,616.29	6,071.67	7,589.58
8	3,375.83	4,051.00	4,489.86	4,557.38	5,063.75	5,907.71	6,245.29	6,751.67	8,439.58

### HAWAII

FAMILY SIZE	PERCENT OF POVERTY								
	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	11,010.00	13,212.00	14,643.30	14,863.50	16,515.00	19,267.50	20,368.50	22,020.00	27,525.00
2	14,760.00	17,712.00	19,630.80	19,926.00	22,140.00	25,830.00	27,306.00	29,520.00	36,900.00
3	18,510.00	22,212.00	24,618.30	24,988.50	27,765.00	32,392.50	34,243.50	37,020.00	46,275.00
4	22,260.00	26,712.00	29,605.80	30,051.00	33,390.00	38,955.00	41,181.00	44,520.00	55,650.00
5	26,010.00	31,212.00	34,593.30	35,113.50	39,015.00	45,517.50	48,118.50	52,020.00	65,025.00
6	29,760.00	35,712.00	39,580.80	40,176.00	44,640.00	52,080.00	55,056.00	59,520.00	74,400.00
7	33,510.00	40,212.00	44,568.30	45,238.50	50,265.00	58,642.50	61,993.50	67,020.00	83,775.00
8	37,260.00	44,712.00	49,555.80	50,301.00	55,890.00	65,205.00	68,931.00	74,520.00	93,150.00

For family units of more than 8 members, add \$3,750 for each additional member.

### MONTHLY GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY								
	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	917.50	1,101.00	1,220.28	1,238.63	1,376.25	1,605.63	1,697.38	1,835.00	2,293.75
2	1,230.00	1,476.00	1,635.90	1,660.50	1,845.00	2,152.50	2,275.50	2,460.00	3,075.00
3	1,542.50	1,851.00	2,051.53	2,082.38	2,313.75	2,699.38	2,853.63	3,085.00	3,856.25
4	1,855.00	2,226.00	2,467.15	2,504.25	2,782.50	3,246.25	3,431.75	3,710.00	4,637.50
5	2,167.50	2,601.00	2,882.78	2,926.13	3,251.25	3,793.13	4,009.88	4,335.00	5,418.75
6	2,480.00	2,976.00	3,298.40	3,348.00	3,720.00	4,340.00	4,588.00	4,960.00	6,200.00
7	2,792.50	3,351.00	3,714.03	3,769.88	4,188.75	4,886.88	5,166.13	5,585.00	6,981.25
8	3,105.00	3,726.00	4,129.65	4,191.75	4,657.50	5,433.75	5,744.25	6,210.00	7,762.50



✓ OCN = Optional Categorically Needy Groups Only  
 ■ ACN = All Categorically Needy

◆ MN = Medically Needy Only (Any Medically Needy Group)  
 X AP = Additional Populations added through 1115 Waivers

2005 FMAP	2006 FMAP	State	Other Licensed Practitioners					Private Duty Nursing
			Chiropractors	Podiatrists	Optometrists	Psychologists	Nurse Anesthetist	
70.83	69.51	Alabama			△+		△+	
57.58	50.16	Alaska			■+			
67.45	66.98	Arizona		△+	△+	△	△	■+
74.75	73.77	Arkansas	△+	△+	△+		△	△+
50.00	50.00	California	△+	△+	△+	△+	△+	
50.00	50.00	Colorado		△	△	△	△	△+
50.00	50.00	Connecticut			△+			
50.38	50.09	Delaware		■+	■+			■+
70.00	70.00	D.C.		△+	△+			△+
58.90	58.89	Florida	△+	△+	△+	△+	△	△+
60.44	60.60	Georgia		△+	△+	△■+	△	◆+
58.47	58.81	Hawaii		△+	△+	△+		
70.62	69.91	Idaho	■+	■+	■+			
50.00	50.00	Illinois	△+	△+	△+		△	
62.78	62.98	Indiana	■+	■+	■+	■+	■+	■+
63.55	63.61	Iowa	△+	△+	△+	△+		
61.01	60.41	Kansas		△+	△+	△+	△+	
69.60	69.26	Kentucky	△	△+	△+			
71.04	69.79	Louisiana		△+	△+		△+	
64.89	62.90	Maine	△+	△+	△+	△+	△+	△+
50.00	50.00	Maryland	△+	△+	△+	△+	△+	△+
50.00	50.00	Massachusetts			△+	△+		△+
56.71	56.59	Michigan	△+	△+	△+		△+	
50.00	50.00	Minnesota	△+	△+	△+	△+	△	△+
77.08	76.00	Mississippi	△+	△+	△+	△+		
61.15	61.93	Missouri		■+	■+	■+		
71.90	70.54	Montana		△+	△+	△+	△+	△+
59.64	59.68	Nebraska	△+	△+	△+	△+	△+	△+
55.90	54.76	Nevada			△+	△+	△+	△+
50.00	50.00	New Hampshire	△+	△+	△+	△+		△+
50.00	50.00	New Jersey	△+	△+	△+	△+		
74.30	71.15	New Mexico		△+	△+	△+	△+	
50.00	50.00	New York			△+	△+		△+
63.63	63.49	North Carolina	△+	△	△+	△+	△+	△+
67.49	65.85	North Dakota	△+	△	△+	△	△	△
59.68	59.88	Ohio	✓+	△+	△+	✓+	△+	△+
70.18	67.91	Oklahoma		△+	△		△	
61.12	61.57	Oregon	△+	△+	△+	△+	△+	■+X+
53.84	55.05	Pennsylvania	△+	△+	△+	△+		△+
55.38	54.45	Rhode Island		■+	△+			
69.89	69.32	South Carolina	△+	△+	△+		△+	
66.03	65.07	South Dakota	△+	△	△+		△+	
64.81	63.99	Tennessee	△	△		△	△	△
60.87	60.66	Texas					△+	
72.14	70.76	Utah	△+	△+	△+	△+		△+
60.11	58.49	Vermont		△+	△+	△+		
50.00	50.00	Virginia		△+	△+	△+		
50.00	50.00	Washington		△+	△+	■+		△+
74.65	72.99	West Virginia	△+	△	△+	△	△	△+
58.32	57.65	Wisconsin	△+	△+	△+	△+	△+	△+
57.90	54.23	Wyoming			△+		△+	
Totals:			27	44	49	34	31	27

Totals = Total number of States and District of Columbia that provide the service to one or more categories of eligibles

50.00	50.00	Puerto Rico		△+	△+	△+	△+	
50.00	50.00	Virgin Islands			△+			

Note: Only Mandatory Services are required for American Samoa, Guam, and N. Mariana Islands.  
 Note: All services provided by Puerto Rico are provided by Managed Care.



# MEDICAID SERVICES

▲ ALL = All Eligibility Groups that States Covers  
 + Limits = Limit of some type on the service

A combination of symbols like the following ▲■+ means that the state provides services to all eligibility groups, but places limits on all the categorical

Physician Directed Clinic Services	STATES	Home Health Therapies				Dental	Physical Therapy	Occupational Therapy	Therapies for Speech Hearing and Language Disorders
		Physical	Speech and Language	Occupational	Audiology Services				
■+	AL								
■+	AK	■+	■+	■+	■+				■+
▲	AZ	■+	■+	■+		▲+	▲	▲+	▲+
▲+	AR	▲+	▲+	▲+		▲+	▲+	▲+	▲+
▲+	CA	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲+	CO	▲+	▲+	▲+	▲+		▲+	▲+	▲+
▲+	CT	▲+	▲+	▲+	▲+	▲+			
■+	DE	■	■	■	■				
▲+	DC	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲+	FL	▲+	▲+	▲+		▲+	▲+	▲+	
▲+	GA	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲+	HI	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
■+	ID	■+	■+	■+	■+	■+	■+		■+
▲	IL	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
■+	IN	■+	■+	■+	■+	■+	■+	■+	■+
▲+	IA	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲+	KS	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲+	KY	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲+	LA	▲+	▲+	▲+					
▲	ME	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲+	MD	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲+	MA	▲+	▲+	▲+	▲+		▲+	▲+	▲+
▲+	MI	▲+	▲+	▲+	▲+	▲+			
▲+	MN	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲+	MS	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
■+	MO	■+	■+	■+	■+	■+			
▲+	MT	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲+	NE	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲+	NV	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲+	NH	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲+	NJ	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲+	NM	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲+	NY	▲	▲	▲	▲	▲+	▲+	▲+	▲+
▲+	NC	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲	ND	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲+	OH	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲+	OK					▲+			
▲+	OR	▲+	■+	■+	■+	▲+	■+	■+	■+
▲+	PA	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲+	RI	▲+	▲+	▲+	▲+	▲+			
▲+	SC	▲+	▲+	▲+	▲+	▲+	▲+		
▲+	SD	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲	TN	▲	▲	▲	▲	▲+	▲	▲	▲
▲+	TX	▲+		▲+			▲+		
▲+	UT	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲+	VT	▲+	▲+	▲+	▲+	■+◆+	▲+	▲+	▲+
▲+	VA	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
■	WA	▲+	▲+	▲+	▲+	▲+	■+	■+	■+
▲	WV	▲	▲	▲	▲	▲+	▲	▲	▲
▲+	WI	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
▲+	WY	▲+	▲+	▲+	▲+	▲+	▲+	▲+	▲+
49	--	49	48	49	44	44	43	40	40
	PR					▲+	▲+	▲	▲
	VI					▲+			

# SERVICES STATE

provides the  
by needy groups.

(1) = Delaware, Indiana, New York, North Dakota, Puerto Rico and Wyoming;  
Inpatient hospital services only provided to beneficiaries age 65 and older in institutions for mental disease

STATES	Prescribed Drugs	Dentures	Prosthetic Devices	Eyeglasses	Diagnostic Services	Screening Services	Preventive Services	STATES	Rehabilitative Services	
									Mental Health Rehab. / Stabilization	Other
AL	△+				△+			AL	△+	△+
AK	■+		■+	■+	■+	■+		AK	■+	
AZ	△+	△+	△+	△+	△	△+	△+	AZ	△	△
AR	△+	△+	△+	△+				AR	△+	
CA	△+	△+	△+	△+			△+	CA	△+	△+
CO	△+		△+	△+				CO	△+	△+
CT	△+	△+	△+	△+	△+	△+	△+	CT		△+
DE	■+		■+		■+	■+	■+	DE	■+	■+
DC	△+	△+	△+	△+	△+		△+	DC	△+	
FL	△+	△+	△+		△+	△+	△+	FL	△+	△+
GA	△+	△+	△+	△+	△+	△+	△+	GA	△+	
HI	△+	△+	△+	△+	△+	△	△	HI	△+	△+
ID	■+	■+	■+	■+		■+		ID	■+	■+
IL	△+	△+	△+	△+	△+	△+	△+	IL	△+	△+
IN	■+	■+	■+	■+	■+	■+	■+	IN	■+	■+
IA	△+	△+	△+	△+				IA	△+	
KS	△+	△+	△+	△+				KS	△+	
KY	△+		△+	△+	△+	△+	△+	KY		△+
LA	△+	■+	△+					LA		△+
ME	△+	△+	△+	△+	△+	△+	△+	ME	△+	△+
MD	△+	△+	△+	△+	△+	△+	△+	MD	△+	△+
MA	△+		△+		△	△	△	MA		△
MI	△+		△+	△+	△+			MI	△+	△+
MN	△+	△+	△+	△+	△+	△+	△+	MN	△+	△+
MS	△+		△+	△+	△+	△+	△+	MS	△+	
MO	■+	■+	■+	■+				MO	■+	
MT	△+	△+	△+	△+	△+	△+	△+	MT	△+	
NE	△+	△+	△+	△+	△+	△+	△+	NE	△+	
NV	△+	△+	△+	△+	△+	△+	△+	NV	△+	
NH	△+		△+	△+	△+	△+	△+	NH	△+	△+
NJ	△+	△+	△+	△+	△+	△	△+	NJ	△+	
NM	△+	△+	△+	△+				NM	△+	
NY	△+	△+	△+	△+	△+	△+	△+	NY	△+	
NC	△+	△+	△+	△+	△+	△+	△+	NC	△+	
ND	△+	△+	△	△+	△	△	△+	ND	△+	△
OH	△+	△+	△+	△+	△+	△+	△+	OH	△+	△+
OK	△+		△+	△+		△+		OK	△+	△+
OR	△+	△+	△+	■+	△	△+	△+	OR	△+	
PA	■+	△+	△+	△+	△+	△+	△+	PA	△+	
RI	△+	△+	△+	■+			△+	RI	△+	△+
SC	△+X+		△+	△+			△+	SC		△+
SD	△+	△+	△+	△+			△+	SD	△+	△+
TN	△	△+	△	△+			△	TN	△+	△
TX	△+							TX	△+	
UT	△+	△+	△+	△+	△+	△+	△+	UT	△+	△+
VT	△+		△+			△+	△+	VT	△+	△+
VA	△+		△+	△+	△+	△+	■+	VA	△+	△+
WA	△+	△+	△+	△+	■+		△+	WA	△+	△+
WV	△		△	△+	△	△	△	WV	△	△+
WI	△+	△+	△+	△+	△	△	△	WI	△+	△+
WY	△+		△+					WY	△+	△+
--	51	35	49	43	33	33	36	--	46	33

PR	△+							PR		
VI	△+			△+				VI		

# PLAN CHART

(<sup>1</sup>) = Idaho and South Dakota: Skilled nursing facility services only provided to beneficiaries age 65 and older in institutions for mental disease.

Inpatient Hospital/ Nursing Facility/ICF Services 65 and Older in IMD	Intermediate Care Facility Services for MR	Inpatient Psychiatric Services Under Age 21	Personal Care Services	Case Management		STATES	Hospice Care
				Targeted Case Management	Primary Care Case Management		
Δ+	Δ+	Δ+		Δ+	Δ+	AL	Δ+
■+	■+	■+	■+	■+	Δ	AK	■
Δ	Δ	Δ	■+	■+		AZ	■+
	■	Δ	■+	Δ+	Δ	AR	Δ+
Δ+	Δ+	Δ+	Δ+	Δ+		CA	Δ+
Δ+	Δ	Δ+		Δ+	Δ+	CO	Δ
Δ+	Δ+	Δ+		Δ+		CT	
(■) <sup>1</sup>	■		■+			DE	■+
Δ+	Δ+	Δ+	Δ+	Δ+		DC	Δ+
■+	■+	■+	Δ+		Δ	FL	Δ+
	Δ+			■+	Δ+	GA	Δ+
	Δ+	Δ+		Δ+		HI	Δ+
(Δ+) <sup>2</sup>	■+	■+	■+	■+	■+	ID	■+
Δ	Δ+	Δ		Δ+		IL	Δ+
(■+) <sup>1</sup>	■+	■+		■+		IN	■+
■	■+	■+		Δ+	Δ+	IA	Δ+
Δ+	Δ+	Δ+	Δ+	Δ+	Δ+	KS	Δ+
■+◆	Δ+	Δ+		Δ+		KY	Δ+
■+	Δ+	■+	Δ+	Δ+		LA	Δ+
Δ	Δ	Δ	Δ+	Δ+	Δ+	ME	Δ
Δ+	Δ+	Δ+	Δ+	Δ+		MD	Δ+
Δ	Δ+	Δ+	Δ+	Δ+	Δ+	MA	X+Δ
Δ+	Δ+	Δ+	Δ+	Δ+		MI	Δ+
Δ+	Δ+	Δ+	Δ+	Δ+		MN	Δ+
	Δ+	Δ+		Δ+	Δ+	MS	Δ+
■+	■+	■+	■+	■+	■+	MO	■+
Δ+	Δ+	Δ+	Δ+	Δ+		MT	Δ+
Δ+	Δ+	Δ+	Δ+	Δ+	Δ+	NE	Δ+
Δ+	Δ+	Δ+	Δ+	Δ+		NV	Δ+
Δ+	Δ+	Δ+	Δ+	Δ+		NH	
■+	■+	■+	■+	■+		NJ	■+
	Δ+	Δ+	Δ+	Δ+		NM	Δ+
(Δ) <sup>1</sup>	Δ	Δ	Δ+	Δ+	Δ	NY	Δ+
(Δ) <sup>3</sup>	Δ+	Δ+	Δ+	Δ+	Δ+	NC	Δ
(Δ) <sup>1</sup>	Δ	Δ	Δ+	Δ+	Δ+	ND	Δ
Δ+	Δ+	Δ+		Δ+		OH	Δ+
■+	■+	Δ	Δ+	■+	■+	OK	
Δ+	■+X+	■+X+	Δ+	Δ+	Δ+	OR	Δ+
Δ+	Δ	Δ	Δ+	Δ+	Δ+	PA	Δ+
Δ+	Δ+	Δ+	Δ+	Δ+		RI	Δ+
	Δ+	Δ+		Δ+		SC	Δ+
(Δ) <sup>2</sup>	Δ		Δ+	Δ+	Δ+	SD	Δ
Δ	Δ	Δ		Δ	Δ	TN	Δ
	Δ+	Δ+	Δ+			TX	Δ+
Δ+	Δ+	Δ+	Δ+	Δ+		UT	Δ+
(■◆) <sup>3</sup>	■◆	Δ	■+◆+	■+◆+	Δ+	VT	Δ
■	■			Δ+	Δ+	VA	Δ
Δ	Δ	Δ+	■+	■+		WA	Δ
	Δ	Δ	Δ+	Δ+	Δ	WV	Δ
Δ+	Δ	Δ	Δ+	Δ+		WI	Δ+
(Δ+) <sup>1</sup>	Δ			Δ+		WY	Δ
43	51	46	36	48	25	--	48

(Δ+) <sup>1</sup>		Δ				PR	
						VI	

(<sup>3</sup>) = North Carolina and Vermont: Inpatient hospital and intermediate care facility services only provided to beneficiaries age 65 and older in institutions for mental disease.

Respiratory Care for Ventilator Dependent	PACE (All Inclusive Care for the Elderly)	Other Medical or Remedial Care Services				
		Religious (Non-Medical) Health Care Institution	Transportation Services (Not Administrative)	Nursing Facility Services Under Age 21	Emergency Hospital Services in Non-Medicare Participating	Critical Access Hospital
			Δ+	Δ+		
■+			■+	■+		
■		Δ	Δ+	Δ+	Δ	Δ
			Δ+	■+	Δ+	Δ+
	Δ+	Δ+	Δ+	Δ+		
	Δ+		Δ+	Δ	Δ	Δ+
	Δ		Δ+	Δ		
			Δ+	■		
			Δ+	Δ	Δ+	
Δ+	Δ		Δ+	■+	Δ+	Δ+
			Δ+	Δ+		Δ+
Δ+			Δ+	Δ+	Δ	Δ+
Δ+	Δ	Δ+	Δ+	Δ	Δ	
		■+	■+	■+	■	■+◆+
	Δ		Δ+	Δ+	Δ+	Δ+
	Δ+		Δ+	Δ+	Δ+	
			Δ+	Δ		
	■		Δ+	Δ+	Δ+	
	Δ+		Δ+	Δ+	Δ	
Δ+	Δ+	Δ+	Δ+	Δ+	Δ+	Δ+
			Δ+	Δ+	Δ+	
	■		■+	■+		■+
			Δ+	Δ+	Δ+	Δ+
Δ+			Δ+	Δ+	Δ+	Δ+
			Δ+	Δ+	Δ+	
	Δ+	■+	Δ+	■+	■+	
	Δ+		Δ+	Δ+	Δ+	Δ
Δ+			Δ+	Δ+	Δ	Δ+
Δ+	Δ	Δ+	Δ+	Δ+	Δ+	Δ
				Δ+		Δ+
Δ+	■+		Δ+	Δ	Δ	Δ+
Δ	■◆		Δ	■◆	Δ	Δ
Δ+	■	Δ+	Δ+	Δ+	Δ+	Δ+
			Δ+	Δ+	Δ+	Δ+
■◆	■◆		■+◆+	■+◆+	Δ+	
		Δ	Δ+	Δ	Δ	Δ
Δ	■		Δ+	Δ+	Δ	
Δ			Δ	Δ		Δ
Δ+	Δ+	Δ+	Δ+	Δ+	Δ	Δ
			Δ+	Δ	Δ+	Δ+
16	22	12	49	50	35	25

			Δ+			
Δ+			Δ+			

Source: Approved Medicaid state plans and waivers as of March 31, 2005.