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The State Children's Health Insurance Program: Eligibility, Enrollment, and Program Funding

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Summary

The Balanced Budget Act of 1997 (BBA 97, P.L. 105-33) established the State Children's Health Insurance Program (SCHIP) under a new Title XXI of the Social Security Act. SCHIP represents the largest publicly funded effort to provide health insurance to children since the enactment of Medicaid in 1965. The program offers federal matching funds for states and territories to provide health insurance coverage to uninsured, low-income children from families whose annual incomes are higher than Medicaid eligibility thresholds. States may choose from three options when designing their SCHIP programs; (1) expand their current Medicaid program, (2) create a new, separate state insurance program, or (3) devise a combination of both approaches. A majority of states are expanding eligibility for SCHIP to levels between 150% and 200% of the federal poverty level (FPL). In one state, New Jersey, the upper income eligibility limit for Medicaid expansions and separate state programs under SCHIP has reached 350% of the federal poverty level.

The SCHIP program is nearing its third year of existence. While significant headway has been made by the states in the development and implementation of their SCHIP programs, given complications associated with starting a new program, enrollment numbers have not kept pace with expectations. The Health Care Financing Administration (HCFA) reported that nearly 2 million children (1,979,450) were enrolled in SCHIP during FY1999 under 53 operational state programs. Over 1.2 million of these children were served by separate programs and almost 700,000 were enrolled in Medicaid expansions. Subsequent to the enactment of BBA 97, CBO estimated that SCHIP would cover an average of 2.3 million children per year after 1999. The Administration's goal is to enroll 5 million children in SCHIP by FY2002.

In the original enacting statute, Congress provided appropriations of nearly \$40 billion for the FY1998 to FY2007 period. Federal funds are allotted among the states based on a formula that takes into account the combination of the number of low-income children and the number of low-income, uninsured children residing in a state, as well as a state cost factor. A total of \$4.295 billion in federal funds was available to states and territories for FY1998 and \$4.307 billion was available in FY1999. In FY2000 funding levels total \$4.309 billion.

Like Medicaid, SCHIP is a federal-state matching program. In order to determine a state's matching payments, SCHIP uses Medicaid's concept of "federal medical assistance percentage," but modifies it to provide states an "enhanced federal medical assistance percentage" (enhanced FMAP). A state's share of total SCHIP spending is equal to 100% minus the enhanced FMAP. In FY2000, the state's regular Medicaid federal medical assistance percentages (FMAPs) range from 50% to 76.8%. Under the SCHIP program, the FY2000 enhanced FMAPs range from 65% to 83.76% in the states. While all age groups of children have benefited from increases in eligibility for SCHIP coverage, many of the states have taken advantage of these enhanced matching funds to extend eligibility to older adolescents.

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The State Children's Health Insurance Program: Eligibility, Enrollment, and Program Funding

Background

The Balanced Budget Act of 1997 (BBA 97, P.L. 105-33) established the State Children's Health Insurance Program (SCHIP) under a new Title XXI of the Social Security Act. Proposed regulations for the program were published on November 8, 1999 (*Federal Register*, v. 64, no. 215). The proposed regulation specifies rules governing the program.¹ Several recent laws have made technical and funding changes to Title XXI.²

SCHIP is a federal-state partnership intended to provide health insurance coverage to low-income, uninsured children. SCHIP targets children in families whose annual incomes are higher than applicable Medicaid eligibility thresholds, and who do not have other health insurance coverage. In the original enacting statute Congress authorized and appropriated SCHIP federal matching grants in the amount of \$39.7 billion for FY1998 through FY2007. Later, Congress provided additional appropriations for SCHIP in order to increase allocations to the territories, bringing the total of appropriations available for the period to almost \$40 billion.

States may choose from three options when designing their SCHIP programs. They may expand their current Medicaid program, create a new, separate state insurance program, or devise a combination of both approaches. Under limited circumstances, states have the option to purchase a health benefits plan that is provided by a community-based health delivery system or to purchase family coverage under a group health plan as long as it is cost effective to do so.³ As of late 1999, HCFA approved SCHIP plans for all 50

¹ An earlier proposed rule for the SCHIP program reported the allotments and grants to the states for FY1998 and FY1999 and appears in the *Federal Register*, v. 64, no. 42 [Thursday, March 4, 1999] Proposed Rule. The final rule for the State Children's Health Insurance Program's allotments and payments to states appeared in the *Federal Register*, v. 65, no. 101 [Wednesday, May 24, 2000] Rules and Regulations. This final rule provides final SCHIP program allotments for FY1998 through FY2000.

² For more details, see CRS Report RL30473, *State Children's Health Insurance Program: A Brief Overview*, by Elicia Herz and Evelyne Baumrucker. (Hereafter cited as RL30473, *State Children's Health Insurance Program*)

³ In the case of community-based health delivery systems, the cost of coverage cannot exceed, on an average per child basis, the cost of coverage that would otherwise be provided. In the case of family coverage, the alternative must be cost-effective relative to the amount paid to obtain comparable coverage only of the targeted low-income children, and

(continued...)

states, the District of Columbia and the five territories. As of July 3, 2000, 23 jurisdictions use Medicaid expansions (ME) and another 15 use separate state programs (SSP) for their SCHIP programs, with the remaining 18 providing health insurance coverage through a combination approach (COMBO).

Eligibility

The federal Medicaid statute mandates that states cover certain groups of children based on age and income criteria and gives states several options to expand coverage beyond these federal minimum standards. Children (and families) who meet the financial and categorical rules under the states' former Aid to Families with Dependent Children (AFDC) programs (in effect on July 16, 1996) are eligible for Medicaid even if they do not qualify for cash grants under the new Temporary Assistance for Needy Families (TANF) program. In addition, states *must* provide coverage to all pregnant women and children age 5 and under living in families with incomes at or below 133% of the federal poverty level. States also *must* phase in coverage to children living in families with incomes below 100% of the federal poverty level who were born after September 30, 1983, until all such children under age 19 are covered.⁴ As a result of this requirement, in FY2000 states must cover all children ages 6 to 16 whose family income is below the federal poverty threshold.⁵

States that wish to cover more children at higher levels of income, have the *option* of (1) making pregnant women and infants under 1 year of age up to 185% of the federal poverty level eligible for Medicaid; (2) using more liberal income and asset standards to determine eligibility than those required under law (as allowed under §1902(r)(2) of Medicaid law); and (3) using research and demonstration waivers (authorized under §1115 of the Social Security Act) to cover children who would not otherwise be eligible for the program. Forty-one states have expanded Medicaid eligibility for at least some children beyond federal mandates.⁶ **Table 1** shows income limits for Medicaid eligibility as a

³ (...continued)

it must not substitute for health insurance coverage that would otherwise be provided to the children.

⁴ Medicaid eligibility for all low-income children born after September 30, 1983 was mandated in the Omnibus Budget Reconciliation Act of 1990 (OBRA-90).

⁵ These children are commonly referred to as the "Waxman Kids" after Representative Henry Waxman of California who spearheaded eligibility expansions for children and pregnant women under Medicaid in the late 1980s.

⁶ As of October 1997, 35 states used various options available to them to exceed the federal minimum mandate of 133% federal poverty level for pregnant women and infants. Thirteen states expanded eligibility for children ages 1 through 5 above this same mandatory minimum (133% FPL). Twenty-eight states moved beyond the federal mandate of 100% FPL and/or age requirements for children ages 6 and older. See Henneberry, Joan. *State Medicaid Coverage of Pregnant Women and Children*. NGA Center for Best Practices, Health Policy Studies Division, September 30, 1997.

percentage of the federal poverty level by age group in each of the 50 states and the District of Columbia, in effect on March 31, 1997.⁷

Under SCHIP, states may cover uninsured children in families with incomes that are above the state's applicable Medicaid eligibility standard but less than 200% of the federal poverty level. However, states, in which the maximum Medicaid income level for children was at or above 200% federal poverty level as of March 31, 1997,⁸ may increase this income level by an additional 50 percentage points under SCHIP, even if the resulting income limit exceeds 200% of the federal poverty level.

Not all targeted low-income uninsured children will necessarily receive medical assistance under SCHIP for two reasons. First, unlike Medicaid, federal law does not establish an *individual* entitlement to benefits under SCHIP. Instead, it entitles *states* with approved SCHIP plans to pre-determined federal allotments based on a distribution formula set in the law. Second, states are allowed under the law to define the group of targeted low-income children who may enroll in SCHIP. Title XXI allows states to use the following characteristics in determining eligibility: geography, age, income and resources, residency, disability status, access to other health insurance, and duration of eligibility for SCHIP coverage.

In addition to the Medicaid eligibility thresholds in effect at the start of the SCHIP program, **Table 1** shows how the states, the District of Columbia, and the territories⁹ will use SCHIP funds to expand eligibility thresholds beyond those applicable under Medicaid. The table shows the type of SCHIP program implemented as well as the targeted age groups affected. A majority of the states are expanding eligibility to levels between 150% and 200% FPL. In one state, New Jersey, the upper income eligibility limit for Medicaid expansions and separate state programs under SCHIP has reached 350% of the federal poverty level.

While expansions in coverage have been achieved for all age groups of children under SCHIP, the most significant increases in eligibility benefit older adolescents. States are taking advantage of the opportunity to use enhanced matching funds under SCHIP to cover a portion of the older teens ages 16-18 in families with incomes up to 100% of the federal poverty level sooner than required under current Medicaid law. In many cases, states are also expanding their programs to cover children of all ages in families with income well above the 100% FPL requirement.

At the start of the SCHIP program many states submitted Medicaid expansions as place-holder plans to ensure their access to the enhanced matching funding available

⁷ The proposed rule for the SCHIP program (published in the *Federal Register*, v. 64, no. 215, November 8, 1999) suggests a change to the official start date of SCHIP. If approved, the date to which income eligibility is keyed will change from March 31, 1997 to June 1, 1997. While few states will be affected by the change, the new start date will represent the lower bounds for income eligibility in the SCHIP program.

⁸ Ibid.

⁹ The five territories are American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, Puerto Rico, and the Virgin Islands.

through SCHIP. These early Medicaid expansions were used to create more uniformity in income eligibility criteria (e.g., provide coverage to at least 100% FPL) for all children under the age of 18. As the program has evolved, states have submitted amendments to their original Medicaid expansions to define separate state programs that further expand eligibility thresholds. Of the 29 state plan amendments that expand eligibility in some way, 10 build on their original submission to create combination programs in the states. Fourteen eligibility-related amendments increased thresholds beyond the limits defined in the state's original submission. Five amendments have had the effect of expanding eligibility under SCHIP by modifying methods of counting income through the use of income disregards.¹⁰

Enrollment

The SCHIP program is nearing its third year of existence. While significant headway has been made by the states in the development and implementation of their SCHIP programs, given complications associated with starting a new program, enrollment numbers have not kept pace with expectations. Early enrollment estimates from HCFA¹¹ indicated that nearly 1 million children (982,000) were enrolled in SCHIP under 43 operational state programs as of December 1998. More recently, HCFA reported that nearly 2 million children (1,979,450) were enrolled in SCHIP during FY1999 under 53 operational state programs.¹² Over 1.2 million of these children were served by separate programs and almost 700,000 were enrolled in Medicaid expansions. Subsequent to the enactment of BBA 97, CBO estimated that SCHIP would cover an average of 2.3 million children per year after 1999.¹³ The Administration's goal is to enroll 5 million children in SCHIP by FY2002.¹⁴

¹⁰ For determining income eligibility for SCHIP and Medicaid, some states may apply "income disregards." These are specified dollar amounts subtracted from gross income to compute net income, which is then compared to the applicable income criterion. Such disregards increase the effective income level above the stated standard. SCHIP state plans do not consistently report the use of income disregards, nor whether the stated income standards include or exclude such disregards.

¹¹ Health Care Financing Administration. *A Preliminary Estimate of the Children's Health Insurance Program Aggregate Enrollment Numbers Through December 31, 1998* (background only). April 20, 1999.

¹² Health Care Financing Administration. *The State Children's Health Insurance Program. Annual Enrollment Report, October 1, 1998-September 30, 1999.* (no date)

¹³ U.S. Congressional Budget Office. *Expanding Health Insurance Coverage for Children Under Title XXI of the Social Security Act* (CBO Memorandum). February 1998.

¹⁴ For more detail on the state by state enrollment patterns in SCHIP, see CRS Report RL30556, *Reaching Low-Income, Uninsured Children: Are Medicaid and SCHIP Doing the Job?* by Elicia Herz, Evelyne Baumrucker, and Jennifer Gillespie and CRS Report RL30473, *State Children's Health Insurance Program: A Brief Overview*, by Elicia Herz and Evelyne Baumrucker.

Program Funding

Appropriations for FY1998 through FY2000

The original enacting statute provided appropriations for SCHIP for FY1998 through FY2007. The statute authorizes and appropriates these funds in advance of any appropriations act so that the SCHIP program operates like a mandatory spending program. The appropriation committees do, however, have the authority to increase, defer, or rescind funding for the SCHIP program and on several occasions have considered proposals to do so. On three occasions, Congress has increased appropriations for SCHIP, and on two occasions considered proposals to reduce funding for the program.¹⁵

The law¹⁶ sets forth methodologies and procedures to determine state-specific allotments of federal funds for each federal fiscal year; these are described below. DHHS issues final rules in the *Federal Register* that enumerate specific state allotments.

A total of \$4.295 billion in federal matching funds was available to the states and territories for FY1998.¹⁷ Of this total appropriation, the amount available for allotment to the 50 states and the District of Columbia was \$4.224 billion. An additional \$10.738 million was set-aside for allotment to the territories, as was another \$60 million for Special Diabetes Grants.¹⁸

For FY1999, \$4.307 billion in federal matching funds was appropriated for the states and territories. For this year, an additional \$32 million was appropriated for allotment to the territories under the FY1999 Omnibus Appropriations Act, (P.L. 105-277). These new funds brought the FY1999 federal funds available to the territories for SCHIP to \$42.690 million. The states and the District of Columbia will share \$4.204 billion, and \$60 million is available for diabetes grants for FY1999.

For FY2000, SCHIP appropriations total \$4.309 billion. The amount of federal funds available for distribution to the states and the District of Columbia is \$4.204 billion. The territories will receive \$44.890 million, consisting of their original FY2000 allotment

¹⁵ For more information see CRS Report RS20628, *State Children's Health Insurance Program (SCHIP): FY2000 and FY2001 Appropriations*, by Evelyne Baumrucker.

¹⁶ *Federal Register*, v. 65, no. 101, May 24, 2000.

¹⁷ P.L. 105-100, §162(8)(a), struck out "\$4,275,000,000" and substituted "\$4,295,000,000," effective as if included in the enactment of P.L. 105-33, August 5, 1997.

¹⁸ The original authorizing legislation for SCHIP requires that .25% of the program's total authorization be set-aside for the territories. In addition, the law requires that the amount available to the 50 states and the District of Columbia be further reduced (after the set-aside to the territories) by \$60,000,000; \$30,000,000 each for a special diabetes research program for Type I diabetes and for special diabetes programs for Native Americans. The diabetes programs are funded for FY1998 through FY2002 only.

plus an additional sum of \$34.200 million provided by P.L. 106-113, the Balanced Budget Refinement Act. Again, \$60 million is set aside for diabetes grants.¹⁹

Allotments Among the States

For each fiscal year, the states and the District of Columbia are allotted a “proportion” of the total amount of title XXI dollars available for that year. A state’s proportion refers to the amount of the allotment for a state for a given fiscal year divided by the total amount available nationally for all states for that fiscal year. The state proportions are determined by a two-step process described below.

Under the first step, each state’s proportion is calculated as the product of two components: the Number of Children Factor and the State Cost Factor. In general, the Number of Children Factor is the combination of the number of low-income children regardless of insurance status, and the number of low-income, uninsured children residing in a state for a given fiscal year.²⁰ The State Cost Factor is the sum of .85 multiplied by the ratio of the annual average wages per employee in the health services industry for the year to the national average wages per such employee for the year, and .15. For each fiscal year and state, counts of children are 3-year averages taken from recent March Supplements of the Current Population Survey. Employee wages are 3-year averages as reported by the Bureau of Labor Statistics.

The definition of the Number of Children Factor in this formula varies across fiscal years. For FY1998 and FY1999 only, this factor is defined as the 3-year average of uninsured children in families with income below 200% FPL. For FY2000 only, for each state this factor is the sum of 75% of the number of low-income uninsured children, and 25% of the number of low-income children. For FY2001 through FY2007, for each state this factor is the sum of 50% of the number of low-income, uninsured children and 50% of the number of low-income children.

In the second step, floors, ceilings, and a reconciliation process are applied to the “preadjusted” proportions determined in step one. The SCHIP statute specifies three minimum proportions that must be applied when determining each state’s allotment: (1) the program floor for every state is \$2 million; (2) for each fiscal year, the floor will not be less than 90% of a state’s allotment proportion for the preceding year; and (3) the floor is set at 70% of the proportion for FY1999. The state’s proportion must not go below any of

¹⁹ The Balanced Budget Refinement Act provided additional funding for SCHIP-related issues. For each of the FY2000 through FY2007, \$10 million is provided to the Secretary of Commerce to make appropriate adjustments to the annual Current Population Survey (CPS) to improve the reliability of state-specific estimates of the number of low-income uninsured children. In addition, for FY2000, \$10 million is provided for a new federal evaluation of the SCHIP program. For more details on changes made to the Medicaid and SCHIP programs by P.L. 106-133, see CRS Report RL30400, *Medicaid and the State Children’s Health Insurance Program (SCHIP): Provisions in the Consolidated Appropriations Act for FY2000* by Jean Hearne and Elicia Herz. (Hereafter cited as CRS Report RL30400, *Medicaid and the State Children’s Health Insurance Program*)

²⁰ Low-income is defined as a family with income below 200% of the federal poverty level.

these three floors. Comparably, each state's proportion for a fiscal year is also limited by a maximum ceiling. The ceiling is equal to 145% of a state's allotment proportion for FY1999. Finally, the sum of the "preadjusted" proportions for all states must be equal to one. If they are not, the allotment proportions will be subject to a reconciliation process. Under the reconciliation process, if the application of the floors and ceilings across states results in a surplus for a given year, HCFA must apply a pro-rata increase for all states below the ceiling. If the distribution creates a deficit in a given year, there will be a ceiling in the maximum increase permitted in that year to ensure budget neutrality.

A state's final annual allotment is then calculated by multiplying the state's "adjusted" proportion for that fiscal year by the national total appropriated in that year. Final allotments are published in the *Federal Register*.

Payments to the States

To receive federal funds, states must submit a plan describing their program to the Health Care Financing Administration (HCFA) for approval. In order to access FY1998 allotments, states must have received such approval prior to October 1, 1999. All states had approved plans by the deadline. Funds not drawn down from a state's federal allotment by the end of each fiscal year will continue to be available for 2 additional fiscal years, giving each state a total of 3 years to spend its allotment of federal matching funds from a given fiscal year. A state must draw down its entire allotment from a given fiscal year before it may access the next year's funding. FY1998 money not spent by the end of FY2000 (as of September 30, 2000) will be redistributed by a method, to be determined by the Secretary of HHS, to states that have fully expended their existing FY1998 allotments, and are able to provide matching funds. These states will have 1 year to spend the redistributed funds. Redistributed funds not spent by the end of the fiscal year in which they are reallocated will officially expire.

Federal law limits the funds available to pay for the administrative costs of SCHIP to 10% of spending for benefits in any given year. Activities included in the 10% cap consist of (1) costs incurred through data collection, assessment of the state plan, quality assurance activities, eligibility determination, performance measurements, outreach and coordination initiatives, and public involvement, (2) health benefit coverage of specialty and sub-specialty care, and (3) special initiatives for improving the health of children.

Many states are concerned that the 10% administrative cap will limit their ability to fund outreach initiatives necessary to find and enroll eligible children. Because the 10% cap is applied to the total benefit payments made to a state in any year (10% of the money a state actually draws down, as opposed to its full allotment), states have questioned whether there will be sufficient funds available to pay the substantial start-up costs of their SCHIP programs. In response to these concerns, HCFA has published guidance that gives states some flexibility on the 10% cap.

States that chose Medicaid expansions can claim federal matching funds for administrative and outreach expenditures either through the regular Medicaid program at the applicable Medicaid federal matching rate or under SCHIP at the enhanced matching rate. This allows states to spread out their administrative costs across two programs.

States also have the option to delay the submission of claims for administrative expenditures to HCFA for up to 2 years from the date of the expenditure. This process allows states with low benefit expenditures in the early years of their program to maximize reimbursement for administrative expenditures at the enhanced federal matching rate.

Tables 2, 3, and 4 provide SCHIP program funding information for the states and territories for FY1998, FY1999 and FY2000 respectively. The second column of each table shows total allotments of federal funds. Allotment amounts for FY2001 (and beyond) will be published in the *Federal Register*.

Like Medicaid, SCHIP is a federal-state matching program. For each dollar of state spending, the federal government will make a matching payment. The third and fourth columns of **Tables 2, 3, and 4** provide Federal Medical Assistance Percentages (FMAP)²¹ and Enhanced Federal Medical Assistance Percentages (Enhanced FMAP). Under Medicaid, a state's share of program spending is equal to 100% minus the FMAP for the state. Under SCHIP, the Enhanced FMAP is equal to the state's Medicaid FMAP increased by the number of percentage points that is equal to 30% multiplied by the number of percentage points by which the FMAP is less than 100%. For example, if a state has a Medicaid FMAP of 50%, under Medicaid the state must spend 50 cents for every 50 cents that the federal government contributes. The Enhanced FMAP would be equal to the Medicaid federal matching percentage increased by 15 percentage points, $(50\% + (30\% \text{ multiplied by } 50\%) = 65\%)$. The state share under SCHIP would be equal to $100\% - 65\% = 35\%$.

Compared with Medicaid FMAPs, which ranged from 50% to 76.8% in FY2000, the Enhanced FMAP for the SCHIP programs ranged from 65% to 83.76%. The Enhanced FMAP applies to all SCHIP assistance for targeted low-income children, including child health coverage provided through a Medicaid expansion. The FMAP and Enhanced FMAP are subject to ceilings of 83% and 85%, respectively.

The totals in the fifth, sixth, and final columns of **Tables 2, 3, and 4** are estimates of the required state match necessary to claim the maximum federal SCHIP allotments; estimates of the ratio of federal dollars spent to each state dollar; and estimates of potential total program expenditures (state share + federal share), respectively. Because states have 3 years to draw down a given year's funding and the Enhanced FMAPs are variable from year to year, it is not possible to report a precise dollar amount in these columns. The Enhanced FMAP used to determine the required state match is based on the date the state makes a payment to cover a SCHIP claim.²² The state then submits claims for these payments to HCFA on a quarterly expenditure report. Once state claims have been approved by HCFA, the federal portion is paid to the state using the oldest open allotment and the Enhanced FMAP applicable to the date the state made specific payments to providers. For example, assume a state makes a payment to a provider in April of FY2000. If the state then submits its corresponding claim to HCFA on its FY2000, third

²¹ FMAP is a measure of the 3-year average per capita income in each state squared, compared to that of the nation as a whole.

²² *Federal Register*, v. 65, no. 101, May 24, 2000 and Federal Register, 45 CFR Parts 92 and 95, May 24, 2000.

quarter expenditure report and the state's FY1998 allotted funds are still available, then the federal dollars paid to the state for that claim will be paid out of the FY1998 allotment and the amount will be based on the state's FY2000 Enhanced FMAP.

Spending

Spending projections in the first 2 years of the program are consistent with HCFA's enrollment figures and fall well below total federal appropriation levels. Federal spending in FY1998 totaled less than \$500 million. CBO estimates that federal SCHIP spending will total approximately \$1 billion for FY1999 and \$2 billion for FY2000.²³ For each of these years, total annual federal appropriation levels are approximately \$4.3 billion. Based on actual spending and projections through February 2000, HCFA estimates that about \$1.9 billion may remain unspent from the FY1998 allotments by the end of FY2000 and will be subject to redistribution in early FY2001.²⁴ At that point in time, only 12 states and three territories were expected to claim their full FY1998 allotments. It is too early to determine whether states will ultimately claim their full FY1999 and FY2000 federal SCHIP funding.²⁵

For more information about SCHIP, see CRS Report 97-92, *The State Children's Health Insurance Program: Guidance on Frequently Asked Questions*, CRS Report RL30400, *Medicaid and the State Children's Health Insurance Program (SCHIP): Provisions in the Consolidated Appropriations Act for FY2000*, CRS Report RL30556, *State Children's Health Insurance Program: A Brief Overview* and CRS Report RS20628, *State Children's Health Insurance Program (SCHIP): FY2000 and FY2001 Appropriations*.

²³ U.S. Congressional Budget Office. *The Budget and Economic Outlook: Fiscal Years 2001-2010*. Washington, GPO, March 2000.

²⁴ HCFA's FY1998 SCHIP spending projections are based on state submitted actual expenditures through FY1999 and state submitted expenditure estimates for FY2000 through February of this year (HCFA, unpublished data, April 4, 2000).

²⁵ For more information on SCHIP in the FY2000 and FY2001 appropriations process, see CRS Report RS20628, *State Children's Health Insurance Program (SCHIP): FY2000 and FY2001 Appropriations*, by Evelyne P. Baumrucker.

Table 1. Medicaid and SCHIP Income and Age Related Eligibility Criteria as a Percent of the Federal Poverty Level

States	Medicaid Standards in Effect 3/31/97 (lower income boundary for SCHIP) ^{a,b}				SCHIP (In Effect 7/7/00) ^c									
					Medicaid expansion					Separate state plan				
	Age 0 to 1 ^d	Ages 1 thru 5 ^e	Ages 6 thru 14 ^a	Ages 15 thru 18 ^f	All ages 0-18	Preg. teens and infants ^d	Children below age 6 ^e	Children age 6 and over (Through upper age limit)	Children 16-18	All ages 0-18	Preg. teens and infants ^d	Children below age 6 ^e	Children ages 6 and over (Through upper age limit)	Children 16-18
Alabama	133	133	100	15	-	-	-	-	100	200	-	-	-	-
Alaska	133	133	100	100	200	-	-	-	-	-	-	-	-	-
American Samoa ^g	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Arizona	140	133	100	30	-	-	-	-	-	200	-	-	-	-
Arkansas ^h	133	133	100	18	-	-	-	-	100 (born after 9/30/82 and before 10/1/83)	-	-	-	-	-
California	200	133	100	82	-	-	-	-	100	250	-	-	-	-
Colorado	133	133	100	37	-	-	-	-	-	185 (0-17)	-	-	-	-
Connecticut	185	185	185	100	-	-	-	-	185	300 ⁱ	-	-	-	-

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States	Medicaid Standards in Effect 3/31/97 (lower income boundary for SCHIP) ^{a/b}				SCHIP (In Effect 7/7/00) ^c									
					Medicaid expansion					Separate state plan				
	Age 0 to 1 ^d	Ages 1 thru 5 ^e	Ages 6 thru 14 ^a	Ages 15 thru 18 ^f	All ages 0-18	Preg. teens and infants ^d	Children below age 6 ^e	Children age 6 and over (Through upper age limit)	Children 16-18	All ages 0-18	Preg. teens and infants ^d	Children below age 6 ^e	Children ages 6 and over (Through upper age limit)	Children 16-18
Delaware	133	133	100	100	-	-	-	-	-	200	-	-	-	-
District of Columbia	185	133	100	50	200	-	-	-	-	-	-	-	-	-
Florida ^j	185	133	100	28	-	-	-	-	100	200	-	-	-	-
Georgia	185	133	100	100	-	-	-	-	-	200	-	-	-	-
Guam ^k	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hawaii ^l	185	133	100	100	-	-	185 (1-6)	-	-	-	-	-	-	-
Idaho	133	133	100	100	150	-	-	-	-	-	-	-	-	-
Illinois	133	133	100	46	-	200	-	133 (6-18)	-	185 (1-18)	-	-	-	-
Indiana	150	133	100	100	150 (1-18)	-	-	-	-	200	-	-	-	-
Iowa	185	133	100	37	-	-	-	-	133 (6-18)	185 (1-18)	-	-	-	-
Kansas	150	133	100	100	-	-	-	-	-	200 (0-18)	-	-	-	-

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States	Medicaid Standards in Effect 3/31/97 (lower income boundary for SCHIP) ^{a/b}				SCHIP (In Effect 7/7/00) ^c									
					Medicaid expansion					Separate state plan				
	Age 0 to 1 ^d	Ages 1 thru 5 ^e	Ages 6 thru 14 ^a	Ages 15 thru 18 ^f	All ages 0-18	Preg. teens and infants ^d	Children below age 6 ^e	Children age 6 and over (Through upper age limit)	Children 16-18	All ages 0-18	Preg. teens and infants ^d	Children below age 6 ^e	Children ages 6 and over (Through upper age limit)	Children 16-18
Kentucky	185	133	100	33	150 (1-18)	-	-	-	-	200	-	-	-	-
Louisiana	133	133	100	10	150	-	-	-	-	-	-	-	-	-
Maine	185	133	125	125	150 (1-18)	-	-	-	-	185 (1-18)	-	-	-	-
Maryland	185	185	185	100	200 ^a	-	-	-	-	-	-	-	-	-
Massachusetts	185	133	114	86	150 (1-18)	-	-	-	-	200	-	-	-	-
Michigan	185	133	100	100	-	-	-	-	150	200	-	-	-	-
Minnesota	275	275	275	275	-	280 (0-2)	-	-	-	-	-	-	-	-
Mississippi	185	133	100	34	-	-	-	-	100	200	-	-	-	-
Missouri ^g	185	133	100	100	200	-	-	-	-	-	-	-	-	-
Montana	133	133	100	40.5	-	-	-	-	-	150	-	-	-	-
Nebraska	150	133	100	33	185	-	-	-	-	-	-	-	-	-
Nevada	133	133	100	31	-	-	-	-	-	200	-	-	-	-

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States	Medicaid Standards in Effect 3/31/97 (lower income boundary for SCHIP) ^{a/b}				SCHIP (In Effect 7/7/00) ^c									
					Medicaid expansion					Separate state plan				
	Age 0 to 1 ^d	Ages 1 thru 5 ^e	Ages 6 thru 14 ^a	Ages 15 thru 18 ^f	All ages 0-18	Preg. teens and infants ^d	Children below age 6 ^e	Children age 6 and over (Through upper age limit)	Children 16-18	All ages 0-18	Preg. teens and infants ^d	Children below age 6 ^e	Children ages 6 and over (Through upper age limit)	Children 16-18
New Hampshire	185	185	185	185		300 (0-1 only)	-	-	-	300 (1-18) ^p	-	-	-	-
New Jersey	185	133	100	41	-	-	-	133 (6-18)	-	350	-	-	-	-
New Mexico	185	185	185	185	235	-	-	-	-	-	-	-	-	-
New York ^j	185	133	100	51	-	-	-	-	100	192	-	-	-	-
North Carolina	185	133	100	100	-	-	-	-	-	200	-	-	-	-
Northern Marianas ^q	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Dakota	133	133	100	100 (thru age 17)	-	-	-	-	100 (18 only)	140	-	-	-	-
Ohio	133	133	100	33	200	-	-	-	-	-	-	-	-	-
Oklahoma	150	133	100	48	185 (0-17 and preg. teens)	-	-	-	-	-	-	-	-	-
Oregon	133	133	100	100	-	-	-	-	-	170	-	-	-	-
Pennsylvania ^j	185	133	100	41	-	-	-	-	-	200 ^r	-	-	-	-

States	Medicaid Standards in Effect 3/31/97 (lower income boundary for SCHIP) ^{a/b}				SCHIP (In Effect 7/7/00) ^c									
					Medicaid expansion					Separate state plan				
	Age 0 to 1 ^d	Ages 1 thru 5 ^e	Ages 6 thru 14 ^a	Ages 15 thru 18 ^f	All ages 0-18	Preg. teens and infants ^d	Children below age 6 ^e	Children age 6 and over (Through upper age limit)	Children 16-18	All ages 0-18	Preg. teens and infants ^d	Children below age 6 ^e	Children ages 6 and over (Through upper age limit)	Children 16-18
Washington	200	200	200	200	–	–	–	–	–	250	–	–	–	–
West Virginia	150	133	100	100	–	–	150 (1-5)	–	–	–	–	–	150	–
Wisconsin	185	185	100	45	–	–	185 (6-18) ^g	–	–	–	–	–	–	–
Wyoming	133	133	100	55	–	–	–	–	–	–	–	–	133	–

Source: CRS analysis of submitted state plans and amendments.

^a Title XXI contains a provision that a child's family income must exceed the applicable Medicaid income level that was in effect on March 31, 1997 in order for that child to be eligible for SCHIP-funded coverage. If approved, the proposed rule (published in the *Federal Register*, vol. 64, no. 215, Monday November 8, 1999) will change that date from March 31, 1997 to June 1, 1997—a change that will affect income eligibility in a few states. These percentages represent the lower income boundary for the SCHIP program. Information for the Medicaid eligibility portion of this table comes from the Health Care Financing Administration, *The State Children's Health Insurance Program; Annual Enrollment Report; October 1, 1998 through September 30, 1999*; January 2000.

^b In 34 states, children may also qualify for Medicaid through medically needy programs (data not shown). In most cases, income criteria for medically needy programs are above AFDC-related standards but less than 133% of the federal poverty level.

^c The 2000 federal poverty guideline for a family of three is \$14,150 per year; for Alaska \$17,690; and for Hawaii \$16,270.

^d To be eligible as an infant, a child is under age 1 and has not yet reached his or her first birthday.

^e To be eligible in this category, the child is age 1 or older, but has not yet reached his or her 6th birthday.

^f Federal law requires states to provide Medicaid to children in families with incomes that meet the state's former Aid to Families with Dependent Children (AFDC) income eligibility standards in effect on July 16, 1996. In addition, since July 1, 1991, states (under OBRA 1990) have been required to cover all children under age 19, who were born after September 30, 1983, and whose family income is below 100% of the federal poverty level. The 1983 start date means that the mandatory coverage is extended to children by one age cohort each year until reaching those under age 19 in FY2002. If a state has expanded eligibility to older children beyond the OBRA 1990 mandate, the former AFDC standard as it applies to Medicaid eligibility is not applicable. The data in this column reflect the federal minimum requirements of states for children ages 15 and older on March 31, 1997 (see footnote "a"). The eligibility levels recorded in this column were in effect at the start of the SCHIP program and thus represent the lower income boundary for SCHIP.

- [§] In American Samoa, eligibility for Medicaid and SCHIP are determined based on a system of presumptive eligibility. American Samoa does not use a system of individual eligibility determinations. Each year the percentage of the population that falls below the American Samoan poverty level is estimated and, after approval of the estimate, HCFA pays a capitated amount for Medicaid based on that percentage.
- ^h Arkansas increased Medicaid eligibility to 200% FPL effective September 1997 through a §1115 demonstration authority.
- ⁱ State-sponsored health insurance will be available to all uninsured children in Connecticut. If the family's income is above 300% federal poverty level, the family will be expected to pay premiums and cost-sharing to access services. For children with family incomes greater than 300% federal poverty level, only state dollars will be used for funding.
- ^j These states had state-funded programs that existed prior to SCHIP. Title XXI permitted children in these state-funded programs to be covered under SCHIP and required these states to maintain their previous levels of state spending.
- ^k In Guam, Medicaid and SCHIP eligibility determinations are made by the Department of Public Health and Social Services. The Medicaid program claims federal financial participation (FFP) only for covered services to the categorically needy.
- ^l Hawaii's coverage of pregnant women and children is through Hawaii QUEST, a §1115 waiver managed care program.
- ^m On January 3, 2000, the state submitted an amendment to its approved Title XXI plan which allows for a 20% deduction to earned income in determining eligibility for the Hawk-I program and includes an additional managed health care plan, Unity Choice, from Wellmark Health Plan of Iowa.
- ⁿ Maryland submitted an amendment January 3, 2000 that amends its §1115 demonstration waiver to implement state legislation enacted in the 1999 legislative session. It imposes a premium on children whose families have incomes above 185% FPL enrolled in the Maryland Children's Health Program by July 1, 2000.
- ^o Missouri will use Title XXI funds to expand its Medicaid program to children up to age 18 with family incomes up to 200% federal poverty level; Missouri will cover children with family incomes between 200-300% of the federal poverty level at its regular Medicaid FMAP through an §1115 Medicaid Waiver. The §1115 waiver allows the state to charge cost sharing payments to eligible families between 185-300% of the federal poverty level for children between the ages 0-18.
- ^p New Hampshire will apply an income disregard to determine eligibility for SCHIP.
- ^q The Northern Mariana Islands do not have an AFDC or TANF program. However, it is the only U.S. Territory that does have Supplemental Security Income (SSI), and its entire Medicaid program is based on SSI requirements. All individuals receiving SSI cash payments are eligible for Medicaid. All other individuals who meet the income and resource standards for SSI, with the standard exemptions and deductions, are also eligible. In addition, although the Northern Mariana Islands do not have a medically needy program, anyone can spend down to become eligible for any month in which medical costs reduce income to the appropriate level.
- ^r Pennsylvania uses state funds to extend coverage up to 235% of the federal poverty level for all children up to their 19th birthday.
- ^s Puerto Rico's Medicaid program extends covered services to both the categorically needy (TANF) and the medically needy. There is no SSI, rather the former mainland classifications of Old Age Assistance, Aid to the Blind, Aid to the Permanently and Totally Disabled, exist. Although mandated on the mainland, the Commonwealth has not opted to cover poverty level groups, and is exempt from requirements linking the "medically needy" income levels to "categorically needy" (formerly AFDC) income levels. The medically needy income level for a family of four is \$8,220 with a resource level of \$900. The yearly categorically needy standard for a family of four is \$1,536.
- ^t Rhode Island expanded Medicaid eligibility up to 250% federal poverty level through a §1115 waiver. Benefits for children age 8 thru age 18 under this waiver will be financed by Title XXI funds and are considered the state's Medicaid Expansion under SCHIP. HCFA approved eligibility up to 300% FPL as submitted in the state's original plan submission, but the Rhode Island state legislature has not approved this expansion.
- ^u In August of 1997, the South Carolina state legislature approved an expansion of the state's Medicaid program to cover all children in families with incomes less than 150% federal poverty level up to age 19. Because Title XXI was created just months later (October of 1997) HCFA approved the use of Title XXI funds for this expansion. Cells were left blank in the Medicaid columns to underscore that the expansion to Medicaid in the state is funded by Title XXI.
- ^v TennCare offers health insurance for uninsured families at any income level. Premiums are charged on a sliding fee scale based on family size and income. Uninsured enrollees from families with incomes above 400% federal poverty level are charged a monthly premium based on a higher sliding fee scale than for those below 400% federal poverty level. Through SCHIP, the state will extend eligibility to uninsured children born before October 1, 1983, who are under age 19 in families with incomes at or below 100% of the federal poverty level and who could not have been enrolled under the operating rules for the state's Medicaid demonstration program before April 1, 1997. TennCare's eligibility for this population was officially closed on March 31, 1997 because they had exhausted state and federal dollars at the regular Medicaid FMAP. The state can cover this population with Title XXI enhanced matching funds since this group was not covered by Medicaid at the date specified in the SCHIP legislation, and therefore would be eligible for SCHIP.
- ^w In Vermont Title XXI funds are used to cover children through their 17 birthday up to 300% FPL. Vermont also covers under-insured children through age 17 up to 300% FPL using a §1115 Medicaid waiver with §1902(r)(2) cost-sharing requirements.

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- ^x The Virgin Islands cover the medically needy, and persons in families with an annual income less than \$8,500. There is an income disregard of \$1,800 for specified resources. HCFA approved a state plan amendment on February 4, 2000 that permits the use of SCHIP monies to pay any medical expenses incurred after the Virgin Islands runs out of Medicaid federal dollars. Previously, SCHIP payments were restricted for payments to hospitals and clinics. The amendment allows the Virgin Islands to pay inpatient pediatric medical bills incurred by an approved medical provider for children less than age 19 in the territory's hospitals.
- ^y Once a family is enrolled, eligibility is maintained until income exceeds 200% federal poverty level. Wisconsin may receive enhanced Title XXI FMAP to cover both parents and children if the cost-effectiveness of family coverage is demonstrated. Also, Wisconsin may cover families through employer-sponsored insurance when it is demonstrated to be cost-effective.

Table 2. Financial Program Information for States and Territories FY1998^a

State (or other territory)	Total federal allotments in dollars FY1998^b	FMAP % FY1998^c	Enhanced FMAP % FY1998^c	Estimated state match for maximum federal allocation in dollars FY1998^d	Estimated federal dollars for each state dollar^d	Estimated total program expenditures in dollars (federal share +state share FY1998)^d
Alabama	85,975,213	69.32	78.52	23,519,455	3.66	109,494,668
Alaska	6,889,296	59.80	71.86	2,697,812	2.55	9,587,108
American Samoa	128,850	50.00	65.00	69,381	1.86	198,231
Arizona	116,797,799	65.33	75.73	37,431,435	3.12	154,229,234
Arkansas	47,907,958	72.84	80.99	11,244,972	4.26	59,152,930
California	854,644,807	51.23	65.86	443,024,198	1.93	1,297,669,005
Colorado	41,790,547	51.97	66.38	21,165,987	1.97	62,956,534
Connecticut	34,959,075	50.00	65.00	18,824,117	1.86	53,783,192
Delaware	8,053,463	50.00	65.00	4,336,480	1.86	12,389,943
District of Columbia	12,076,002	70.00	79.00	3,210,076	3.76	15,286,078
Florida	270,214,724	55.65	68.96	121,627,973	2.22	391,842,697
Georgia	124,660,136	60.84	72.59	47,071,695	2.65	171,731,831
Guam	375,813	50.00	65.00	202,361	1.86	578,174
Hawaii	8,945,304	50.00	65.00	4,816,702	1.86	13,762,006
Idaho	15,879,707	69.59	78.71	4,295,248	3.70	20,174,955
Illinois	122,528,573	50.00	65.00	65,976,924	1.86	188,505,497
Indiana	70,512,432	61.41	72.99	26,093,174	2.70	96,605,606

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State (or other territory)	Total federal allotments in dollars FY1998^b	FMAP % FY1998^c	Enhanced FMAP % FY1998^c	Estimated state match for maximum federal allocation in dollars FY1998^d	Estimated federal dollars for each state dollar^d	Estimated total program expenditures in dollars (federal share +state share FY1998)^d
Iowa	32,460,463	63.75	74.63	11,034,731	2.94	43,495,194
Kansas	30,656,520	59.71	71.80	12,040,583	2.55	42,697,103
Kentucky	49,932,527	70.37	79.26	13,065,867	3.82	62,998,394
Louisiana	101,736,841	70.03	79.02	27,011,376	3.77	128,748,217
Maine	12,486,977	66.04	76.23	3,893,683	3.21	16,380,660
Maryland	61,627,358	50.00	65.00	33,183,962	1.86	94,811,320
Massachusetts	42,836,231	50.00	65.00	23,065,663	1.86	65,901,894
Michigan	91,585,508	53.58	67.51	44,076,628	2.08	135,662,136
Minnesota	28,395,980	52.14	66.50	14,304,742	1.99	42,700,722
Mississippi	56,017,103	77.09	83.96	10,701,695	5.23	66,718,798
Missouri	51,673,123	60.68	72.48	19,619,817	2.63	71,292,940
Montana	11,740,395	70.56	79.39	3,047,859	3.85	14,788,254
Nebraska	14,862,926	61.17	72.82	5,547,574	2.68	20,410,500
Nevada	30,407,067	50.00	65.00	16,373,036	1.86	46,780,103
New Hampshire	11,458,404	50.00	65.00	6,169,910	1.86	17,628,314
New Jersey	88,417,899	50.00	65.00	47,609,638	1.86	136,027,537
New Mexico	62,972,705	72.61	80.83	14,934,885	4.22	77,907,590
New York	255,626,409	50.00	65.00	137,644,989	1.86	393,271,398

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State (or other territory)	Total federal allotments in dollars FY1998^b	FMAP % FY1998^c	Enhanced FMAP % FY1998^c	Estimated state match for maximum federal allocation in dollars FY1998^d	Estimated federal dollars for each state dollar^d	Estimated total program expenditures in dollars (federal share +state share FY1998)^d
North Carolina	79,508,462	63.09	74.16	27,703,596	2.87	107,212,058
North Dakota	5,040,741	70.43	79.30	1,315,805	3.83	6,356,546
Northern Marianas	118,113	50.00	65.00	63,599	1.86	181,712
Ohio	115,734,364	58.14	70.70	47,963,463	2.41	163,697,827
Oklahoma	85,699,061	70.51	79.36	22,288,667	3.84	107,987,728
Oregon	39,121,663	61.46	73.02	14,454,978	2.71	53,576,641
Pennsylvania	117,456,521	53.39	67.37	56,888,916	2.06	174,345,437
Puerto Rico	9,835,550	50.00	65.00	5,296,065	1.86	15,131,615
Rhode Island	10,684,422	53.17	67.22	5,210,285	2.05	15,894,707
South Carolina	63,557,819	70.23	79.16	16,732,503	3.80	80,290,322
South Dakota	8,541,224	67.75	77.43	2,489,674	3.43	11,030,898
Tennessee	66,153,082	63.36	74.35	22,822,146	2.90	88,975,228
Texas	561,331,521	62.28	73.60	201,347,176	2.79	762,678,697
Utah	24,241,159	72.58	80.81	5,756,563	4.21	29,997,722
Vermont	3,535,445	62.18	73.53	1,272,722	2.78	4,808,167
Virginia	68,314,915	51.49	66.04	35,129,838	1.94	103,444,753
Virgin Islands	279,175	50.00	65.00	150,325	1.86	429,500
Washington	46,661,213	52.15	66.51	23,495,475	1.99	70,156,688

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State (or other territory)	Total federal allotments in dollars FY1998 ^b	FMAP % FY1998 ^c	Enhanced FMAP % FY1998 ^c	Estimated state match for maximum federal allocation in dollars FY1998 ^d	Estimated federal dollars for each state dollar ^d	Estimated total program expenditures in dollars (federal share +state share FY1998) ^d
West Virginia	23,606,744	73.67	81.57	5,333,729	4.43	28,940,473
Wisconsin	40,633,039	58.84	71.19	16,443,852	2.47	57,076,891
Wyoming	7,711,638	63.02	74.11	2,694,027	2.86	10,405,665

Source: CRS analysis of submitted state plans, and *Federal Register*, v. 65, no. 101, May 24, 2000 and *Federal Register*, 45 CFR Parts 92 and 95, May 24, 2000.

^a Financial information for FY1998 is published in the *Federal Register*, v. 65, no. 101, May 24, 2000. FMAP and Enhanced FMAP figures for FY1998 can be found in the *Federal Register*, v. 62, no. 177, September 12, 1997.

^b Allotments recorded in this column account for the funding changes described in the *Federal Register*, v. 64, no. 25, February 8, 1999. These changes include a recalculation of state allotments across all years of the program due to a change in the method of counting uninsured children from the Current Population Survey (Section 707 of P.L. 105-277). In particular, children who had access to services through the Indian Health Service (IHS), but no other health insurance coverage are now classified as uninsured which resulted in an increase in the counts of uninsured children in 11 states. The total amount of federal funding available for allotment to the 50 states and the District of Columbia for FY1998 is \$4,224,262,500, determined by reducing the FY1998 appropriation (\$4.295 billion) by the total amount available for allotment to the territories (\$10,737,500) and amounts for the Special Diabetes Grants (\$60,000,000) under Sections 4921 and 4922 of BBA. The total amount of federal funds available to the territories is determined by multiplying .25% by the FY1998 authorization (\$4.295 billion).

^c These numbers represent the Federal Medical Assistance Percentage (FMAP) and the Enhanced Federal Medical Assistance Percentage (Enhanced FMAP). They are effective from October 1, 1997 to September 30, 1998 and are published in the *Federal Register*, v. 62, no. 226, November 24, 1997.

^d The totals in these columns are: (1) estimates of the required state match necessary to claim maximum federal SCHIP allotments; (2) estimates of the ratio of federal dollars spent to each state dollar; and (3) estimates of potential total program expenditures (state share + federal share). Because states have 3 years to draw down a given year's funding and the Enhanced FMAP rates (Enhanced FMAP) are variable from year to year – it is not possible to report a precise dollar amount in these columns.

Table 3. Financial Program Information for States and Territories FY1999^a

State (or other territory)	Total federal allotments in dollars FY1999^b	FMAP % FY1999^c	Enhanced FMAP % FY1999^c	Required state match for maximum federal allocation in dollars FY1999^d	Federal dollars for each state dollar FY1999^d	Potential total program expenditures in dollars (federal share +state share FY1999)^d
Alabama	85,569,176	69.27	78.49	23,450,032	3.65	109,019,208
Alaska	6,856,760	59.80	71.86	2,685,071	2.55	9,541,831
American Samoa	512,250	50.00	65.00	275,827	1.86	788,077
Arizona	116,246,196	65.50	75.85	37,011,808	3.14	153,258,004
Arkansas	47,681,702	72.96	81.07	11,133,769	4.28	58,815,471
California	850,608,561	51.55	66.09	436,437,227	1.95	1,287,045,788
Colorado	41,593,182	50.59	65.42	21,985,513	1.89	63,578,695
Connecticut	34,793,973	50.00	65.00	18,735,216	1.86	53,529,189
Delaware	8,015,429	50.00	65.00	4,316,000	1.86	12,331,429
District of Columbia	12,018,971	70.00	79.00	3,194,916	3.76	15,213,887
Florida	268,938,576	55.82	69.07	120,432,462	2.23	389,371,038
Georgia	124,071,402	60.47	72.33	47,463,787	2.61	171,535,189
Guam	1,494,063	50.00	65.00	804,495	1.86	2,298,558
Hawaii	8,903,057	50.00	65.00	4,793,954	1.86	13,697,011
Idaho	15,804,712	69.85	78.89	4,229,148	3.74	20,033,860
Illinois	121,949,905	50.00	65.00	65,665,333	1.86	187,615,238
Indiana	70,179,422	61.01	72.71	26,340,207	2.66	96,519,629

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State (or other territory)	Total federal allotments in dollars FY1999 ^b	FMAP % FY1999 ^c	Enhanced FMAP % FY1999 ^c	Required state match for maximum federal allocation in dollars FY1999 ^d	Federal dollars for each state dollar FY1999 ^d	Potential total program expenditures in dollars (federal share +state share FY1999) ^d
Iowa	32,307,161	63.32	74.32	11,163,185	2.89	43,470,346
Kansas	30,511,738	60.05	72.03	11,848,026	2.58	42,359,764
Kentucky	49,696,709	70.53	79.37	12,917,262	3.85	62,613,971
Louisiana	101,256,366	70.37	79.26	26,495,799	3.82	127,752,165
Maine	12,428,004	66.40	76.48	3,822,001	3.25	16,250,005
Maryland	61,336,309	50.00	65.00	33,027,243	1.86	94,363,552
Massachusetts	42,633,928	50.00	65.00	22,956,730	1.86	65,590,658
Michigan	91,152,976	52.72	66.91	45,079,240	2.02	136,232,216
Minnesota	28,261,873	51.50	66.05	14,526,731	1.95	42,788,604
Mississippi	55,752,550	76.78	83.75	10,817,659	5.15	66,570,209
Missouri	51,429,086	60.24	72.17	19,831,945	2.59	71,261,031
Montana	11,684,948	71.73	80.21	2,882,996	4.05	14,567,944
Nebraska	14,792,733	61.46	73.02	5,465,735	2.71	20,258,468
Nevada	30,263,463	50.00	65.00	16,295,711	1.86	46,559,174
New Hampshire	11,404,289	50.00	65.00	6,140,771	1.86	17,545,060
New Jersey	88,000,326	50.00	65.00	47,384,791	1.86	135,385,117
New Mexico	62,675,303	72.98	81.09	14,615,735	4.29	77,291,038
New York	254,419,158	50.00	65.00	136,994,931	1.86	391,414,089

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State (or other territory)	Total federal allotments in dollars FY1999^b	FMAP % FY1999^c	Enhanced FMAP % FY1999^c	Required state match for maximum federal allocation in dollars FY1999^d	Federal dollars for each state dollar FY1999^d	Potential total program expenditures in dollars (federal share +state share FY1999)^d
North Carolina	79,132,966	63.07	74.15	27,587,150	2.87	106,720,116
North Dakota	5,016,935	69.94	78.96	1,336,833	3.75	6,353,768
Northern Marianas	469,563	50.00	65.00	252,842	1.86	722,405
Ohio	115,187,783	58.26	70.78	47,552,798	2.42	162,740,581
Oklahoma	85,294,328	70.84	79.59	21,872,814	3.90	107,167,142
Oregon	38,936,902	60.55	72.38	14,858,210	2.62	53,795,112
Pennsylvania	116,901,807	53.77	67.64	55,927,594	2.09	172,829,401
Puerto Rico	39,101,750	50.00	65.00	21,054,788	1.86	60,156,538
Rhode Island	10,633,962	54.05	67.83	5,043,411	2.11	15,677,373
South Carolina	63,257,653	69.85	78.89	16,926,975	3.74	80,184,628
South Dakota	8,500,886	68.16	77.71	2,438,357	3.49	10,939,243
Tennessee	65,840,660	63.09	74.16	22,941,244	2.87	88,781,904
Texas	558,680,510	62.45	73.72	199,160,659	2.81	757,841,169
Utah	24,126,675	71.78	80.25	5,937,718	4.06	30,064,393
Vermont	3,518,748	61.97	73.38	1,276,493	2.76	4,795,241
Virginia	67,992,282	51.60	66.12	34,839,360	1.95	102,831,642
Virgin Islands	1,109,875	50.00	65.00	597,625	1.86	1,707,500
Washington	46,440,845	52.50	66.75	23,133,455	2.01	69,574,300

State (or other territory)	Total federal allotments in dollars FY1999 ^b	FMAP % FY1999 ^c	Enhanced FMAP % FY1999 ^c	Required state match for maximum federal allocation in dollars FY1999 ^d	Federal dollars for each state dollar FY1999 ^d	Potential total program expenditures in dollars (federal share +state share FY1999) ^d
West Virginia	23,495,256	74.47	82.13	5,112,142	4.60	28,607,398
Wisconsin	40,441,141	58.85	71.20	16,358,214	2.47	56,799,355
Wyoming	7,675,218	64.08	74.86	2,577,544	2.98	10,252,762

Source: CRS analysis of submitted state plans, and *Federal Register*, v. 65, no. 101, May 24, 2000 and *Federal Register*, 45 CFR Parts 92 and 95, May 24, 2000.

^a Financial information for FY1999 is published in the *Federal Register*, v. 65, no. 101, May 24, 2000. FMAP and Enhanced FMAP figures for FY1999 can be found in the *Federal Register*, v. 62, no. 226, November 24, 1997.

^b The amount of federal funding available for allotment to the states and the District of Columbia for FY1999 is \$4,204,312,500, determined by reducing the FY1999 appropriation (\$4,275,000,000) by the total amount available for allotment to the Commonwealths and territories (\$10,687,500) and amounts for the Special Diabetes Grants (\$60,000,000) under Sections 4921 and 4922 of BBA 97. P.L. 105-277 increased amounts available to the territories by \$32,000,000 for FY1999. The total amount of federal funds available to the territories in FY1999 is therefore \$42,687,500. Allotments for FY1999 come from *Federal Register*, v. 64, no. 25, February 8, 1999.

^c These numbers represent the Federal Medical Assistance Percentage (FMAP) and the Enhanced FMAP. They are effective from October 1, 1998 to September 30, 1999 and are presented in the *Federal Register*, v. 62, no. 226, November 24, 1997.

^d The totals in these columns are: (1) estimates of the required state match necessary to claim maximum federal SCHIP allotments; (2) estimates of the ratio of federal dollars spent to each state dollar; and (3) estimates of potential total program expenditures (state share + federal share). Because state have 3 years to draw down a given year's funding and the Enhanced FMAP rates are variable from year to year – it is not possible to report a precise dollar amount in these columns.

Table 4. Financial Program Information for States and Territories FY2000^a

State (or other territory)	Total federal allotments in dollars FY2000^b	FMAP % FY2000^c	Enhanced FMAP % FY2000^c	Required state match for maximum federal allocation in dollars FY2000^d	Federal dollars for each state dollar FY2000^d	Potential total program expenditures in dollars (federal share +state share FY2000)^d
Alabama	77,012,259	69.57	78.70	20,843,216	3.69	97,855,475
Alaska	7,730,025	59.80	71.86	3,027,037	2.55	10,757,062
American Samoa	538,650	50.00	65.00	290,042	1.86	828,692
Arizona	130,213,077	65.92	76.14	40,804,886	3.19	171,017,963
Arkansas	53,754,360	72.85	80.99	12,617,241	4.26	66,371,601
California	765,547,705	51.67	66.17	391,393,061	1.96	1,156,940,766
Colorado	46,890,416	50.00	65.00	25,248,686	1.86	72,139,102
Connecticut	39,225,273	50.00	65.00	21,121,301	1.86	60,346,574
Delaware	9,036,260	50.00	65.00	4,865,678	1.86	13,901,938
District of Columbia	10,817,074	70.00	79.00	2,875,425	3.76	13,692,499
Florida	242,044,718	56.52	69.57	105,870,645	2.29	47,915,363
Georgia	132,381,325	59.88	71.91	51,711,743	2.56	184,093,068
Guam	1,571,063	50.00	65.00	845,957	1.86	2,417,020
Hawaii	10,036,935	51.01	65.71	5,237,658	1.92	15,274,593
Idaho	17,817,572	70.15	79.1	4,704,956	3.79	22,522,528
Illinois	137,481,231	50.00	65.00	74,028,355	1.86	211,509,586

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State (or other territory)	Total federal allotments in dollars FY2000 ^b	FMAP % FY2000 ^c	Enhanced FMAP % FY2000 ^c	Required state match for maximum federal allocation in dollars FY2000 ^d	Federal dollars for each state dollar FY2000 ^d	Potential total program expenditures in dollars (federal share +state share FY2000) ^d
Indiana	63,161,480	61.74	73.22	23,101,126	2.73	86,262,606
Iowa	32,382,884	63.06	74.14	11,295,136	2.87	43,678,020
Kansas	30,320,974	60.03	72.02	11,779,795	2.57	42,100,769
Kentucky	56,025,995	70.55	79.38	14,553,490	3.85	70,579,485
Louisiana	91,130,730	70.32	79.22	23,904,274	3.81	115,035,004
Maine	13,978,005	66.22	76.36	4,327,397	3.23	18,305,402
Maryland	56,869,698	50.00	65.00	30,622,145	1.86	87,491,843
Massachusetts	48,063,710	50.00	65.00	25,880,459	1.86	73,944,169
Michigan	102,762,059	55.11	68.58	47,080,547	2.18	149,842,606
Minnesota	31,861,256	51.48	66.04	16,384,135	1.94	48,245,391
Mississippi	58,036,226	76.80	83.76	11,252,487	5.16	69,288,713
Missouri	57,979,004	60.51	72.36	22,146,762	2.62	80,125,766
Montana	13,173,122	72.30	80.61	3,168,674	4.16	16,341,796
Nebraska	16,576,269	60.88	72.62	6,249,769	2.65	22,826,038
Nevada	30,526,393	50.00	65.00	16,437,289	1.86	46,963,682
New Hampshire	10,263,860	50.00	65.00	5,526,694	1.86	15,790,554
New Jersey	96,858,666	50.00	65.00	52,154,666	1.86	149,013,332

State (or other territory)	Total federal allotments in dollars FY2000^b	FMAP % FY2000^c	Enhanced FMAP % FY2000^c	Required state match for maximum federal allocation in dollars FY2000^d	Federal dollars for each state dollar FY2000^d	Potential total program expenditures in dollars (federal share +state share FY2000)^d
New Mexico	56,407,772	73.32	81.32	12,957,417	4.35	69,365,189
New York	286,821,535	50.00	65.00	154,442,365	1.86	441,263,900
North Carolina	89,211,202	62.49	73.74	31,769,544	2.81	120,980,746
North Dakota	5,655,883	70.42	79.29	1,477,278	3.83	7,133,161
Northern Marianas	493,763	50.00	65.00	265,872	1.86	759,635
Ohio	129,857,897	58.67	71.07	52,860,405	2.46	182,718,302
Oklahoma	76,764,895	71.09	79.76	19,479,958	3.94	96,244,853
Oregon	43,895,837	59.96	71.97	17,096,017	2.57	60,991,854
Pennsylvania	128,956,235	53.82	67.67	61,610,094	2.09	190,566,329
Puerto Rico	41,116,950	50.00	65.00	22,139,896	1.86	63,256,846
Rhode Island	9,570,566	53.77	67.64	4,578,704	2.09	14,149,270
South Carolina	71,314,037	69.95	78.96	19,002,626	3.75	90,316,663
South Dakota	7,951,348	68.72	78.11	2,228,332	3.57	10,179,680
Tennessee	74,226,011	63.10	74.17	25,849,506	2.87	100,075,517
Texas	502,812,459	61.36	72.95	186,443,825	2.70	689,256,284
Utah	27,199,406	71.55	80.08	6,765,886	4.02	33,965,292
Vermont	3,966,889	62.24	73.57	1,425,104	2.78	5,391,993

State (or other territory)	Total federal allotments in dollars FY2000 ^b	FMAP % FY2000 ^c	Enhanced FMAP % FY2000 ^c	Required state match for maximum federal allocation in dollars FY2000 ^d	Federal dollars for each state dollar FY2000 ^d	Potential total program expenditures in dollars (federal share +state share FY2000) ^d
Virginia	73,580,365	51.67	66.17	37,618,615	1.96	111,198,980
Virgin Islands	1,167,075	50.00	65.00	628,425	1.86	1,795,500
Washington	52,355,470	51.83	66.28	26,635,885	1.97	78,991,355
West Virginia	21,145,730	74.78	82.35	4,532,145	4.67	25,677,875
Wisconsin	45,591,653	58.78	71.15	18,486,566	2.47	64,078,219
Wyoming	7,068,749	64.04	74.83	2,377,662	2.97	9,446,411

Source: CRS analysis of submitted state plans, and *Federal Register*, v. 65, no. 101, May 24, 2000 and *Federal Register*, 45 CFR Parts 92 and 95, May 24, 2000.

^a Financial information for FY2000 is published in the *Federal Register*, v. 65, no. 101, May 24, 2000. FMAP and Enhanced FMAP figures for FY2000 can be found in the *Federal Register*, v. 64, no. 7, January 12, 1999.

^b The amount of federal funding available for allotment to the states for FY2000 is \$4,204,312,500, determined by reducing the FY2000 appropriation (\$4,275,000,000) by the total amount available for allotment to the Commonwealths and Territories (\$10,687,500) and amounts for the Special Diabetes Grants (\$60,000,000) under sections 4921 and 4922 of BBA 97. P.L. 106-113 increased amounts available to the territories by \$34,200,000 for FY2000. The total amount of federal funds available to the Commonwealths and territories in FY2000 is therefore \$44,887,500. Total appropriations available to states and territories is \$4.309 billion. Allotments for FY2000 come from *Federal Register*, v. 65, no. 101, May 24, 2000.

^c These numbers represent the Federal Medical Assistance Percentage (FMAP) and the Enhanced FMAP. They are effective from October 1, 1999 to September 30, 2000 and are presented in the *Federal Register*, v. 64, no. 7, January 12, 1999.

^d The totals in these columns are: (1) estimates of the required state match necessary to claim maximum federal SCHIP allotments; (2) estimates of the ratio of federal dollars spent to each state dollar; and (3) estimates of potential total program expenditures (state share + federal share). Because state have three years to draw down a given year's funding and the Enhanced FMAP rates are variable from year to year – it is not possible to report a precise dollar amount in these columns.