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Fulfilling the Promise of 2014: Aligning and Simplifying Medicaid and CHIP Enrollment for Children and Parents

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Simplification and alignment of policy and procedures in Medicaid and CHIP have help states achieve a historic high level of health coverage for over 90% of our nation's children. Unfortunately, simplification and alignment efforts for parents lag behind the improvements states have put in place for children.

Introduction

The Affordable Care Act (ACA) improves access to health insurance in a multitude of ways, including ensuring that children with preexisting conditions like asthma are not denied coverage and women are not charged higher health insurance premiums on the basis of gender. Of particular importance is the ACA's extension of affordable health coverage to an estimated 32 million low-income uninsured Americans in 2014 through an expansion of Medicaid and tax credits to help families purchase private coverage through new Health Insurance Exchanges.

To ensure that families receive the coverage they are eligible for, the ACA envisions a customer-friendly, paperless system where coverage options are aligned, enrollment processes are simplified, and technology is used to verify eligibility. The potential for these strategies to advance coverage is evidenced by states' success in enrolling children in Medicaid and the Children's Health Insurance Program (CHIP), where most state streamlining efforts have been focused. Simplification and alignment of policy and procedures for children in Medicaid and CHIP have helped states offset the persisting decline in private insurance while achieving a record level of health coverage for more than 90% of our nation's children.[1]

Unfortunately, simplification and alignment efforts for parents lag behind the improvements states have put in place for children. While progress has been made, the lack of alignment and simplification impacts the ability of children and their parents – the majority of whom are women – to secure and retain affordable health insurance. And many states have a long way to go before their policies and procedures will be sufficiently aligned and simplified to ensure effective implementation of the ACA for entire families.

This brief looks at current state efforts to align and simplify coverage for children and parents in Medicaid and how the ACA moves states toward a more coordinated system of family-based coverage. As we examine these policies, it important to note that aligning policies and procedures is beneficial to states, as well as families. Simplified rules and requirements make it easier to communicate program information and to train eligibility workers, resulting in more consistent and accurate eligibility determinations. States that have maximized alignment and simplification policies not only ensure that eligible persons get and stay enrolled but also reduce the state's administrative burden and costs, a high priority in the current fiscal environment. Finally, this brief makes suggestions on how states can transition toward ACA implementation and raises issues for further consideration.

Current Alignment and Simplification Strategies and the Impact of the ACA

State Medicaid agencies were given new flexibility as part of welfare reform in 1996 to broaden eligibility rules and simplify enrollment processes that historically were linked to other means-tested programs such as Aid to Families with Dependent Children (AFDC). Subsequently, the enactment of CHIP and its recent reauthorization gave states additional flexibility to facilitate the enrollment of children into Medicaid and CHIP by streamlining these programs. As a result, there is a mixture of coordinated and aligned policies for children alongside elements of more restrictive and unaligned rules and procedures for parents.[2]

The ACA builds on positive state experiences in aligning policies, simplifying rules, and streamlin-

ing requirements in Medicaid and CHIP. It takes a number of steps to propel states toward a coordinated system of family-based coverage that is consumer-focused, simplified, and technology-enabled. Given the significant role of technology in achieving this goal, substantial federal financial funding is available to states for information technology (IT) systems development (100 percent for Exchange IT systems[3] and 90 percent for Medicaid eligibility and enrollment systems[4]) that meet new federal standards.[5]

The current state-by-state status of key alignment and simplification policies for children and parents is shown in the reference tables at the end of this report.[6] The overall progress states have made in aligning and simplifying their programs and procedures and how the ACA will impact specific policies are discussed below.

Simplified Family-Based Application. As states have increased Medicaid and CHIP income guidelines, many families who do not qualify for other public assistance coverage have become eligible for health coverage, at least for their children. To facilitate enrollment of eligible, uninsured children, all states must use a simplified application that requires only information needed for medical coverage.[7] Twenty-nine (29) states, including D.C., have taken this practice a step further and use a family-based application for all family members to apply for medical coverage. The ACA requires the use of a single, simple application for individuals and families applying for coverage through Medicaid, CHIP, or the Exchange. Accessing coverage through a largely paperless system, most people will apply through a single web portal operated by the Exchange, even if navigators or others assist them in person or over the phone.

The ACA builds on successful state strategies in Medicaid and CHIP and takes a number of steps to propel states toward a coordinated system of family-based coverage that is consumer-focused, simplified, and technology-enabled.

Elimination of the Face-to-Face Interview. Low-income parents tend to have inflexible work hours, lack transportation, and experience problems with consistent child care. These factors make complying with a face-to-face interview, which some states still require for Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps) and Temporary Assistance to Needy Families (TANF), especially difficult. With states' increased use of online applications and electronic sources of data to verify eligibility, interviews add an unnecessary requirement for applicants and eligibility workers. As a result, nearly all states (49 states, including D.C.) have eliminated the requirement for a face-to-face interview for children in Medicaid. Most states (44, including D.C.) have dropped the requirement for parents also.[8] Although the ACA does not directly address this policy, it does establish that individuals and families can apply online, via the mail, and over the phone, potentially ruling out face-to-face interview requirements.

Elimination of the Asset Test. Studies show that few families are ineligible for Medicaid due to excess assets, yet the asset test adds a significant administrative burden on states and families.[9] While almost all states (48, including D.C.) have eliminated the asset test for children in Medicaid, less than half (24 states, including D.C.) have extended the policy to parents. Under the ACA, all states will need to drop the asset test for most Medicaid (and all CHIP) applicants and enrollees by January 1, 2014.[10]

Income Counting Rules. Currently, states establish their own rules for determining household size and counting income including disregarding certain income or deducting certain expenses (i.e., deductions for child support payments made or child care expenses) before determining eligibility. These rules may vary among covered groups, thus requiring eligibility workers to apply different rules to different people in the same family. Aligning these rules eliminates unnecessary complexity and improves consistency and accuracy in the eligibility determination process.

Starting in 2014, states must use Modified Adjusted Gross Income (MAGI) and the size of the individual's tax filing unit (for household size) rooted in federal income tax law for most Medicaid (and all CHIP) applicants and enrollees.[11] In addition, the ACA replaces the use of discretionary disregards and deductions with a disregard of five percent of the federal poverty level (FPL), effectively establishing an eligibility level of 138% FPL. With MAGI, certain types of income will no longer be counted, including Social Security benefits for individuals below an income threshold specified in the tax code. Additionally, states will need to establish "effective eligibility levels" that take into consideration the elimination of current disregards,[12] at least for children.[13] Regardless of differing eligibility levels between children and their parents, the method of computing income and disregards for eligibility purposes will be the same across all coverage options, including tax credits to subsidize the purchase of insurance in the Exchange.

States have significant flexibility to use technology and adopt streamlined policies to ensure efficient, effective access to Medicaid and CHIP.

Electronic Verification of Income. Although states increasingly are using technology to verify eligibility through reliable data sources, most continue to require children and adults applying for or renewing coverage to provide paper documents to prove their income. As of January 2011, 12 states no longer require paperwork to verify income for children, and seven states do not require parents to submit income documentation at the time of application. At renewal, the number of states that use other means of verifying income is higher – 19 states do so for children and 12 states do so for parents.

Under the ACA, the online application process will interact with a "federal data services hub" to access federal tax information on which income eligibility will be based. Other data exchanges to support eligibility determinations through the hub, including access to employer based coverage and sources of income more current than the latest tax data are being explored. Most of the databases that will connect to the hub are currently available to states – including the Social Security Administration (SSA) data exchange to confirm citizenship – and can be used to simplify the application and renewal process for families now.

Citizenship Verification through SSA Data Exchange. To expedite the verification of citizenship for Medicaid and CHIP applicants, the SSA updated an existing electronic data exchange with states in early 2010. As of January 2011, 29 states, including D.C., were using the SSA match for children in Medicaid, compared to 28 states, including D.C., using the process for parents. Under the ACA, the federal hub will confirm citizenship and immigration status through SSA and the Department of Homeland Security for everyone.

Presumptive Eligibility. Presumptive eligibility[14] provides immediate access to and reimbursement for health services for eligible pregnant women and children while a regular Medicaid application is being processed. It allows states to select and train qualified entities – such as hospitals, health centers, Head Start, and Women, Infants and Children (WIC) programs – to screen and temporarily enroll eligible persons in Medicaid and CHIP. Thirty-one (31) states, including D.C., use presumptive eligibility for pregnant women and 13 states have adopted the policy for children in Medicaid.

The ACA provides immediate flexibility to states to use presumptive eligibility to temporarily enroll all eligible adults in Medicaid.[15] Additionally as of January 1, 2014, hospitals that provide Medicaid services will have the prerogative to determine eligibility presumptively for any Medicaid applicant regardless of whether the state otherwise has adopted the option.

Express Lane Eligibility (ELE). States currently have the option to enroll children in Medicaid or CHIP using eligibility data from other public programs such as SNAP or WIC. Six states are early adopters of this streamlined approach to enrolling eligible children. Using ELE for all family members would further align family coverage but under current law could not be implemented for adults without a §1115 Demonstration Waiver.[16] The ACA allows states to continue to rely on express lane agency findings for determining eligibility for children in Medicaid and CHIP.[17]

12-Month Continuous Eligibility. Less than half of states (23) take advantage of the current option to provide 12-month continuous coverage for children regardless of changes in income, which tend to be small and often temporary for families in the income range served by Medicaid and CHIP. Continuous eligibility stretches limited state administrative resources and ensures continuity of care, which results in better health outcomes and lower health care costs. Furthermore, it would allow states to align Medicaid and CHIP eligibility periods with the annual enrollment periods the ACA establishes for individuals and families covered through qualified health plans in the Exchange. In order to provide continuous eligibility for parents and other adults, a state would have to request a §1115 waiver.

Same Renewal Periods. Aligning and lengthening renewal periods for children and parents keeps the whole family on the same schedule and decreases the burden on families and states in renewing coverage separately. Although current law requires states to review eligibility once every twelve months, a few states continue to conduct reviews every six months. As of January 2011, 49 states, including D.C., have adopted a twelve-month renewal period for children and 45 states, including D.C., have the same requirement for parents in Medicaid. Two states have aligned renewal periods for children and parents, but use the more burdensome six-month renewal period.

The ACA does not specifically address renewal periods for Medicaid and CHIP, although the issue may be

discussed in future regulations. However, aligning and lengthening renewal periods is consistent with the ACA goals of streamlining and simplifying the process and potentially would enable states to align Medicaid and CHIP with the annual coverage periods in the Exchange.

What States Can Do Now

As states look ahead to 2014, there are steps they could take now to simplify and align their policies within and between Medicaid and CHIP for children, parents, pregnant women and other adults. These include:

- Creating family-based applications, eliminating the asset test, and synchronizing one-year renewal dates for children and their parents.
- Aligning the income counting rules for children and families under current law.
- Providing online applications and making better use of data matches to verify income eligibility even before the federal "hub" is operational.
- Implementing procedures to support hospitals that elect to make presumptive eligibility determinations in 2014.
- Adopting 12-month continuous eligibility and express lane eligibility for children.
- Exploring §1115 waivers to extend 12-month continuous eligibility and implement express lane eligibility for parents and other adults.

As states look ahead to 2014, there are steps they could take now to simplify and align their policies within and between Medicaid and CHIP for children, parents, pregnant women and other adults.

Looking Ahead to 2014

In addition to the issues discussed above, there are policy questions related to simplification and alignment that states perpetually face. Implementation of the ACA will make thoughtful resolution of these issues even more important. For now, we raise these as topics to promote further discussion and ideas for implementation.

Aligning Rules and Procedures for Other Public Benefits. Successful implementation of the ACA should not result in parents and children losing access to other family supports such as SNAP and child care assistance. Both federal and state governments should examine the rules for these and other benefit programs and explore opportunities to align them with new health coverage requirements.

Ensuring that Changes in Circumstances Do Not Lead to Coverage Disruptions. Low-income families are likely to experience fluctuations in income and changes in family circumstances that necessitate a streamlined reporting mechanism and expedited review of eligibility. This process must be as simplified, coordinated, and technology-enabled as the initial application process in order to avoid disruptions in coverage.

Managing Transitions And Splits Within Families Among Different Coverage Options. Research shows that due to a variety of circumstances millions of families will be divided among the different coverage options in 2014[18] and will transition between sources of coverage as their circumstances change.[19] In addition to the simplified reporting process discussed above, both the federal government and states must develop policies and practices to help families manage these circumstances without breaks in coverage and disruptions to a consistent source of care.

Conclusion

Both states and families benefit when Medicaid and CHIP programs are aligned and simplified. In fact, a majority of states have made significant progress in simplification for children and some headway for their parents. More streamlined policies and alignment between coverage options will make it easier to build the critical IT systems that are key to transforming eligibility, enrollment, and renewal into consumer-friendly processes. Implementation of the ACA has created many opportunities for states as they design their new systems and determine how these systems will interface with a newly created Exchange. Beginning in 2014, it will be important for states to collect, analyze, and act on data based on actual experience to assess how well those systems and processes are working and identify where improvements are needed.

As a first step in the process of responding to the promise of health reform, states can take advantage of the flexibility available under current law to simplify and align their Medicaid and CHIP programs between children and parents. Such coordination will improve worker productivity and the consistency and accuracy of eligibility determinations. However, the biggest beneficiaries of such efforts will be the low-income families, pregnant women and other adults who will have an easier time accessing affordable health care.

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CCF is an independent, nonpartisan research and policy center based at Georgetown University's Health Policy Institute whose mission is to expand and improve health coverage for America's children and families.

NWLC is a nonprofit organization dedicated to advancing and protecting women's legal rights. The Center focuses on a broad range of major policy areas of importance to women and their families with special attention given to the concerns of low-income women.

Endnotes

1. Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2010 Current Population Survey, Annual Social and Economic Supplements.
2. States should have the goal of making it easier for children and their families to access all benefits – TANF, SNAP, Medicaid and CHIP – through the flexibility each program offers. For more information, see D. Rosenbaum & S. Dean, "Improving the Delivery of Key Work Supports: Policy and Practice Opportunities at A Critical Moment," Center on Budget and Policy Priorities (February 2011).
3. For more information on Exchange Establishment grants, go to http://www.healthcare.gov/news/factsheets/exchestannc.html.
4. For more information on the 90/10 federal funding for Medicaid eligibility and enrollment systems, go to http://theccfblog.org/2011/04/9010-rule-is-final-time-to-upgrade-the-junker.html.
5. The Centers for Medicaid and Medicare Services (CMS) is issuing a series of new standards that states must meet to receive enhanced federal funding for Exchange and Medicaid IT systems. For more information, see http://cciio.cms.gov/programs/exchanges/itsystems/index.html.
6. M. Heberlein, T. Brooks, J. Guyer, S. Artiga and J. Stephens, "Holding Steady, Looking Ahead: Annual Findings of a 50-State Survey of Eligibility Rules, Enrollment and Renewal Procedures and Cost-Sharing Practices in Medicaid and CHIP, 2010-2011," Kaiser Commission on Medicaid and the Uninsured (January 2011).
7. A joint application for Medicaid and CHIP is not required but the few remaining states with separate simplified applications generally accept the other program application.
8. The benefits of dropping the face-to-face interview for Medicaid is lessened if families still have to come into an office for an interview for SNAP and TANF.
9. V. Smith and E. Ellis, "Eliminating the Medicaid Asset Test for Families: A Review of State Experiences," Kaiser Commission on Medicaid and the Uninsured (April 2001).
10. The elimination of the asset test does not apply to individuals "categorically eligible" for Medicaid. See footnote 11 for list of eligibility groups who will continue to be subject to current law rules regarding income and assets.
11. MAGI will not be used to determine eligibility for "categorically eligible" children and adults (those who qualify for Medicaid on the basis of their enrollment in another program such as foster care, Supplemental Security Income or TANF), adults who qualify for Medicaid on the basis of disability (even if they don't receive SSI) and Medicare beneficiaries who also receive Medicaid or Medicaid-funded cost sharing assistance. Eligibility for these groups will be based on current law definitions of income and assets.
12. For more information on the ACA requirement to establish effective eligibility levels in converting to MAGI, go to http://theccfblog.org/2011/08/converting-to-magi-what-does-it-really-mean-for-kids.html.
13. The ACA provision requiring states to establish effective eligibility levels under MAGI that take into consideration current income disregards and expense deductions in determining net income for eligibility purposes applies to children and adults in Medicaid in the ACA. However, the ACA's stability provision (also known as maintenance-of-effort) requires states to maintain children's eligibility until 2019. As of January 2014, states are no longer required to maintain eligibility for adults; thus they will have the option, but will not be required to maintain eligibility above the new floor of 133% FPL.
14. T. Brooks, "Presumptive Eligibility: Providing Access to Health Care Without Delay and Connecting Children to Coverage." Georgetown University Center for Children and Families (May 2011).
15. States that have expanded eligibility for family planning services through Medicaid may also allow qualified entities (defined as any entity eligible to receive Medicaid payments) to make a presumptive eligibility determination for recipients of family planning services.
16. §1115 of the Social Security Act gives the Secretary of Health and Human Services authority to waive provisions of major health and welfare programs authorized under the Act, including certain Medicaid requirements. The authority is provided at the Secretary's discretion for demonstration projects that the Secretary determines promote Medicaid program objectives. For more information on §1115 waivers, see "Five Key Questions and Answers and §1115 Medicaid Demonstration Waivers," Kaiser Commission on Medicaid and the Uninsured (June 2011).
17. The authority for express lane eligibility will sunset under the Children's Health Insurance Program Reauthorization Act on September 30, 2013, one year after an evaluation report on the policy will be submitted to Congress. Congress will need to extend the authority for express lane eligibility to remain an option for states after that date.
18. Examples of families who will receive coverage through different sources are: families in which a parent has access to affordable employer-sponsored insurance for which his or her children are not eligible; low-income citizen children whose parents have an immigration status that makes them ineligible for Medicaid; and children who are income eligible for Medicaid or CHIP and whose parents are not. S. McMorrow, G. Kenney & C. Coyer, "Addressing Coverage Challenges for Children Under the Affordable Care Act," Robert Wood Johnson Foundation and the Urban Institute (May 2011).
19. One in four individuals whose income was less than 133 percent of poverty (the new Medicaid eligibility level in 2014) in 2005 had income that was above that level in 2006; if this were the case in 2014 and 2015, the parents could lose eligibility for Medicaid and go into the Exchange, while their children might retain eligibility for Medicaid or CHIP. P. Farley Short, K. Swatz, N Uberoi & D. Graefe, "Realizing Health Care Reform's Potential: Maintaining Coverage, Affordability and Shared Responsibility When Income and Employment Change," Commonwealth Fund (May 2011).

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TABLE 1
Simplified and Aligned Application Requirements for Children and Parents in Medicaid
January 2011

State	Family Application for Children and Parents	Face-to-Face Interview NOT Required		Asset Test NOT Required		Paper Documentation of Income NOT Requested		Social Security Administration (SSA) Data Match		Number of Policies Simplified and Aligned*
		Children	Parents	Children	Parents (Family of 3)	Children	Parents	Children	Parents	
Total	**29**	**49**	**44**	**48**	**24**	**12**	**7**	**29**	**28**	
Alabama	Y	Y	Y	Y	Y			Y	Y	4
Alaska		Y	Y	Y	$2,000			Y	Y	2
Arizona	Y	Y	Y	Y	Y					3
Arkansas	Y	Y		Y	$1,000	Y		Y	Y	2
California		Y	Y	Y	$3,150			Y	Y	2
Colorado	Y	Y	Y	Y	Y	Y	Y			4
Connecticut	Y	Y	Y	Y	Y	Y	Y	Y	Y	5
Delaware	Y	Y	Y	Y	Y			Y	Y	4
District of Columbia	Y	Y	Y	Y	Y			Y	Y	4
Florida		Y	Y	Y	$2,000	Y				1
Georgia	Y	Y	Y	Y	$1,000					2
Hawaii		Y	Y	Y	$3,250	Y	Y	Y		2
Idaho		Y	Y	Y	$1,000	Y	Y	Y	Y	3
Illinois	Y	Y	Y	Y	Y					3
Indiana		Y	Y	Y	$1,000					1
Iowa		Y	Y	Y	$2,000			Y	Y	2
Kansas	Y	Y	Y	Y	Y					3
Kentucky		Y		Y	$2,000					0
Louisiana		Y	Y	Y	Y			Y	Y	3
Maine	Y	Y	Y	Y	$2,000			Y	Y	3
Maryland	Y	Y	Y	Y	Y	Y	Y	Y	Y	5
Massachusetts	Y	Y	Y	Y	Y					3
Michigan		Y	Y	Y	$3,000	Y		Y	Y	2
Minnesota	Y	Y	Y	Y	$10,000			Y	Y	3
Mississippi	Y			Y	Y			Y	Y	3
Missouri	Y	Y	Y	Y	Y					3
Montana		Y	Y	Y	$3,000					1
Nebraska		Y	Y	Y	$6,025					1
Nevada		Y	Y	Y	$2,000					1
New Hampshire		Y		Y	$1,000			Y	Y	1
New Jersey	Y	Y	Y	Y	Y			Y	Y	4
New Mexico	Y	Y	Y	Y	Y					3
New York	Y	Y	Y	Y	Y			Y	Y	4
North Carolina		Y	Y	Y	$3,000			Y	Y	2
North Dakota	Y	Y	Y	Y	Y					3
Ohio	Y	Y	Y	Y	Y			Y	Y	4
Oklahoma		Y	Y	Y	Y	Y		Y	Y	3
Oregon	Y	Y	Y	Y	$2,500			Y	Y	3
Pennsylvania	Y	Y	Y	Y	Y			Y	Y	4
Rhode Island	Y	Y	Y	Y	Y					3
South Carolina		Y	Y	$30,000	$30,000					1
South Dakota	Y	Y	Y	Y	$2,000			Y	Y	3
Tennessee				Y	$2,000					0
Texas		Y		$2,000	$2,000					0
Utah	Y	Y	Y	$3,025	$3,025					2
Vermont	Y	Y	Y	Y	$3,150	Y	Y			3
Virginia		Y	Y	Y	Y			Y	Y	3
Washington		Y	Y	Y	$1,000	Y		Y	Y	2
West Virginia		Y		Y	$1,000			Y	Y	1
Wisconsin	Y	Y	Y	Y	Y			Y	Y	4
Wyoming	Y	Y	Y	Y	Y	Y	Y			4

* The state's policy is counted if it has both simplified and aligned requirements for children and parents in Medicaid. For example, South Carolina has aligned its $30,000 asset test for children and parents but has not simplified its policy by eliminating the asset test. Thus, South Carolina does not receive credit for the asset test in the count of policies aligned and simplified.

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TABLE 2
Simplified and Aligned Renewal Requirements in Medicaid for Children and Parents
January 2011

State	Frequency of Renewal (in months)		Face-to-Face Interview Not Required		Paper Documentation of Income NOT Requested		Number of Policies Simplified and Aligned*
	Children	Parents	Children	Parents	Children	Parents	
Total	**49**	**45**	**50**	**46**	**19**	**12**	
Alabama	12	12	Y	Y	Y		2
Alaska	12	12	Y	Y			2
Arizona	12	12	Y	Y			2
Arkansas	12	12	Y	Y	Y		2
California	12	12	Y	Y			2
Colorado	12	12	Y	Y	Y	Y	3
Connecticut	12	12	Y	Y	Y	Y	3
Delaware	12	12	Y	Y			2
District of Columbia	12	12	Y	Y			2
Florida	12	12	Y	Y	Y		2
Georgia	6	6	Y	Y			1
Hawaii	12	12	Y	Y	Y	Y	3
Idaho	12	12	Y	Y	Y	Y	3
Illinois	12	12	Y	Y			2
Indiana	12	12	Y	Y			2
Iowa	12	12	Y	Y			2
Kansas	12	12	Y	Y			2
Kentucky	12	12	Y				1
Louisiana	12	12	Y	Y			2
Maine	12	12	Y	Y			2
Maryland	12	12	Y	Y	Y	Y	3
Massachusetts	12	12	Y	Y			2
Michigan	12	12	Y	Y	Y		2
Minnesota	12	12	Y	Y			2
Mississippi	12	12					1
Missouri	12	12	Y	Y			2
Montana	12	12	Y	Y			2
Nebraska	12	12	Y	Y			2
Nevada	12	12	Y	Y	Y	Y	3
New Hampshire	12	6	Y	Y			1
New Jersey	12	12	Y	Y			2
New Mexico	12	12	Y	Y	Y	Y	3
New York	12	12	Y	Y	Y	Y	3
North Carolina	12	6	Y	Y			1
North Dakota	12	12	Y	Y			2
Ohio	12	12	Y	Y	Y	Y	3
Oklahoma	12	12	Y	Y	Y	Y	3
Oregon	12	12	Y	Y			2
Pennsylvania	12	6	Y	Y			1
Rhode Island	12	12	Y	Y			2
South Carolina	12	12	Y	Y			2
South Dakota	12	12	Y	Y			2
Tennessee	12	12	Y	Y			2
Texas	6	6	Y				0
Utah	12	12	Y	Y			2
Vermont	12	12	Y		Y		1
Virginia	12	12	Y	Y	Y	Y	3
Washington	12	6	Y	Y	Y		1
West Virginia	12	12	Y		Y		1
Wisconsin	12	12	Y	Y			2
Wyoming	12	12	Y	Y	Y	Y	3

* The state's policy is counted if it has both simplified and aligned requirements for children and parents in Medicaid. For example, Georgia has the same 6-month renewal period for children and parents but has not adopted a simplified 12-month renewal period. Thus, Georgia does not receive credit for renewal periods in the count of policies simplified and aligned.