

The Deficit Reduction Act's Citizenship Documentation Requirements for Medicaid Through the Eyes of State Officials in May and June 2008

SUMMARY

Most states were unable to fully implement the Deficit Reduction Act of 2005¹ (DRA) citizenship and identity documentation requirements on the July 1, 2006 effective date of this new provision, and instead phased-in implementation. A survey of state officials from Medicaid and combination Medicaid/State Children's Health Insurance (SCHIP) programs in 43 states revealed that by mid-2008 three-quarters of states had fully implemented the DRA requirements for new Medicaid applications and 70 percent had implemented them for Medicaid renewals.

The DRA's intent to screen out ineligible people from public coverage resulted in new enrollment barriers that created obstacles to the goal of the *Covering Kids & Families*® (CKF) initiative to enroll all eligible children into Medicaid/SCHIP. From the perspective of state officials, DRA limited CKF's full potential and undermined some states' earlier efforts to expand enrollment. It could also be argued, however, that without the presence of CKF and the tools and skills CKF had already imparted to state officials (Duchon and Ellis 2008), the negative effects of the DRA requirements on enrollment, as reported by state officials, would have been even greater.

Most states implemented new education and outreach initiatives to inform clients, community organizations and providers of the DRA requirements. To streamline the process of citizenship documentation, 39 of 43 states have implemented (including three with plans underway) an automated data match to secure birth records from their own vital records agency. For 24 states, these were new processes undertaken specifically to accommodate the DRA requirements. Many states also perform automated matches of identity data with their State department of motor vehicles (DMV) and pay for in-state and out-of-state document requests. Many states have made concerted efforts to verify documentation electronically. These include the data matching strategies

Contents

- 1 Summary
- 2 Background
- 3 Methods
- 4 Findings
- 12 Conclusions
- 13 Endnotes
- 14 References
- 15 Appendix A: 2008 Survey Questions
- 17 Appendix B: States From Which Officials Were Surveyed

Health Management Associates

120 N. Washington, Suite 705
Lansing, MI 48933

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described above as well as parent attestation to the identity of a child by e-signature, to avoid the need for parents to apply in person for Medicaid or SCHIP for their children.

As of mid-2008, about half of officials representing Medicaid programs or combination Medicaid/SCHIP programs indicated that the DRA requirements had resulted in fewer eligible children and families enrolled in Medicaid.² The SCHIP effect has been less dramatic, with just under one-third of programs reporting a reduction in enrollment of eligible children attributable to the DRA provisions. The majority of state officials with an opinion believed that the reductions were temporary. However, several officials expressed concern that deferred enrollments due to barriers created by the DRA requirements lead to more eligible children being without coverage until a medical emergency arises.

BACKGROUND

The DRA attempted to reduce the federal budget deficit by implementing changes in a wide range of federal programs, including Medicaid. For example, the DRA required that all Medicaid recipients and future applicants prove their citizenship and identity, effective July 1, 2006, or at the first subsequent redetermination.³ Most states had less than five months to develop and implement procedures for complying with DRA citizenship documentation requirements.⁴ Federal guidance was issued just three weeks before the law took effect, and while it was stringent on what documents would be acceptable, it was silent on the implications of noncompliance. Thus, states that had developed procedures prior to receiving the guidance may have had to revise them to meet the federally established criteria. Moreover, federal requirements and guidance have changed at least three times since the July 1, 2006 effective date.⁵ This confusing and evolving environment has required states to change their implementation strategies.

In 2005 and again in December 2006 and January 2007, Health Management Associates (HMA) conducted interviews with Medicaid and SCHIP officials from the 46 states participating in the CKF program to learn their perceptions of the program and the status of policy and procedural changes that CKF influenced. As part of the 2006–2007 follow-up interviews, HMA asked officials of Medicaid and Medicaid/SCHIP programs about the actual or expected effects of the identity and citizenship documentation requirements of the DRA of 2005 (Ellis and Duchon 2007). Most officials indicated that DRA citizenship documentation requirements had increased

or would increase the complexity of their enrollment and coordination processes, and had negatively affected previous efforts to simplify enrollment using mail-in, fax, phone-in, Web-based or other paperless applications. Many officials indicated that their state had implemented a variety of strategies to assist clients in retrieving identity and citizenship documentation.

METHODS

In May and June of 2008, Health Management Associates interviewed 59 state officials from Medicaid, separate State Children's Health Insurance Program (SCHIP), or combination Medicaid/SCHIP programs in all 46 states in which there were CKF grantees,⁶ to learn the status of enrollment, eligibility, coordination, renewal and outreach efforts that the Covering Kids & Families (CKF) initiative had influenced since 2002. The survey probed whether the DRA had been responsible for any reversals of policy or procedural changes that CKF had influenced.

Another component of the 2008 survey explored the implementation of the DRA requirements and sought more detail about the strategies states had implemented to assist clients in retrieving identity and citizenship documentation or to otherwise reduce potential enrollment barriers that the DRA requirements might impose. In addition, state officials were asked whether the DRA documentation provisions had affected enrollment levels in Medicaid and SCHIP in their own state, and about their expectations of the permanence of any DRA-related enrollment reductions for Medicaid and SCHIP. (See Appendix A for a description of survey questions.)

Table 1 shows the number of states represented and the number of state officials interviewed by the type of program(s) administered. For 29 states, we interviewed a single official for both the Medicaid and SCHIP program. In 13 states, we interviewed one official from the Medicaid program and one official from the SCHIP program. For three additional states with a separate SCHIP program, only a SCHIP official was available for this survey. In one state for which we sought to interview both a Medicaid and SCHIP official as we had in the previous survey, only a Medicaid official was available in mid-2008. Table 1 also indicates how many officials interviewed in the 2008 follow-up survey were the same or a different person than was interviewed in 2006–2007. All but seven of 59 officials interviewed in 2008 were the same person interviewed in the 2006–2007 survey. (See Appendix B for a list of officials interviewed by state and type of program for the 46 states with CKF grantees.)

TABLE 1

Number of States Represented and Officials Interviewed in 2008 Survey

	One Official Interviewed About Both Medicaid & SCHIP	Separate Officials Interviewed About Medicaid & SCHIP		Official Interviewed About SCHIP Only	Total
		Medicaid	SCHIP		
States	29	14		3	46
Officials Interviewed in 2008	29	14	13*	3	59
<i>Same official interviewed in 2006–2007</i>	26	13	10	3	52
<i>Different official interviewed in 2006–2007</i>	3	1	3	0	7

* In one state, there was no SCHIP official available to interview because of a position vacancy.
Source: 2008 CKF Survey of State Program Officials

Questions about the effects of DRA citizen documentation requirements on the Medicaid program were limited to officials representing only Medicaid or those representing both Medicaid and SCHIP programs. Thus, each official’s response represents a single state, for a total of 43 states. A question related to the effects of the DRA on SCHIP enrollment was limited to officials representing a separate SCHIP program or those representing both Medicaid and SCHIP programs, for a total of 45 states.

FINDINGS

DRA Implementation Status

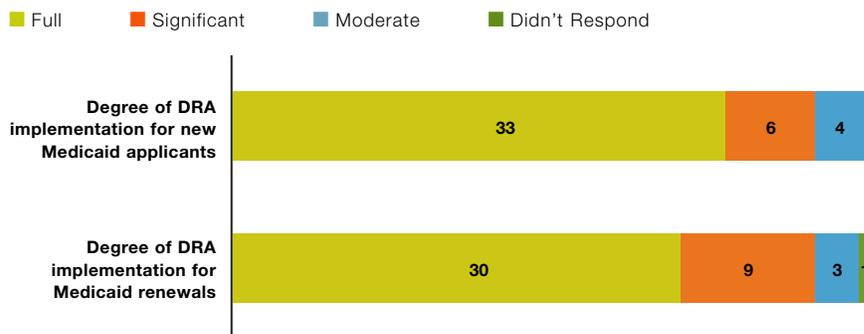
By mid-2008, three-quarters of the states had fully implemented the DRA citizenship and identity documentation requirements for new Medicaid applications and 70 percent had implemented these requirements for Medicaid renewals or reapplications.

While the DRA citizenship and identity documentation requirements were effective July 1, 2006, many states were not able to completely revise their application and renewal processes by that date. As noted above, implementation was further confounded by several subsequent modifications to the requirements. As a result, states frequently phased in implementation of the DRA requirements.

As part of the 2008 CKF survey of state officials, 43 Medicaid and Medicaid/SCHIP officials were asked about the extent of DRA implementation in their state for new Medicaid applications and for Medicaid renewals, using a scale from “1” (*minimal implementation*) to “5” (*full implementation*). No states indicated *minimal implementation* or implementation just beyond minimal⁷ (Figure 1).

FIGURE 1

Implementation of DRA Citizenship and Identity Documentation Requirements, May/June 2008



Source: 2008 CKF Survey of State Program Officials

One official noted that full DRA implementation was delayed by state level requirements to promulgate revised rules. More than one official indicated that their state was not fully compliant because it was still accepting photocopied documents.

Several officials commented that because of the DRA requirements, new applicants were frequently granted extensions of the standard time frames for providing the documentation required to open a new Medicaid case. A few officials also reported that their state extends the time frame for renewing Medicaid members to provide required documentation, as long as the member is making a “good faith effort” to gather required documentation. Some officials indicated that the *identity* documentation requirements are more challenging than the *citizenship* documentation requirements.

Strategies States Use to Comply With DRA Requirements

Thirty-nine of 43 state officials indicated that they had implemented new education and outreach efforts specific to the DRA requirements.

In the 2006–2007 CKF survey of state officials, we learned that many states had implemented a variety of strategies to help clients retrieve identity and citizenship documentation (Ellis and Duchon 2007). The May/June 2008 survey probed the specific strategies that states used or planned to use to comply with the DRA citizenship documentation requirements. Most states were using multiple strategies to facilitate the documentation of citizenship status and identity for Medicaid applicants and enrollees.

Figure 2 shows the strategies that states have implemented specifically in response to the DRA documentation requirements. The most common was perhaps the simplest to implement, namely education or outreach activities with clients and/or other agencies or providers.⁸

States implemented a variety of processes to secure citizenship and identity documentation. The most common was automated data matches with vital records.

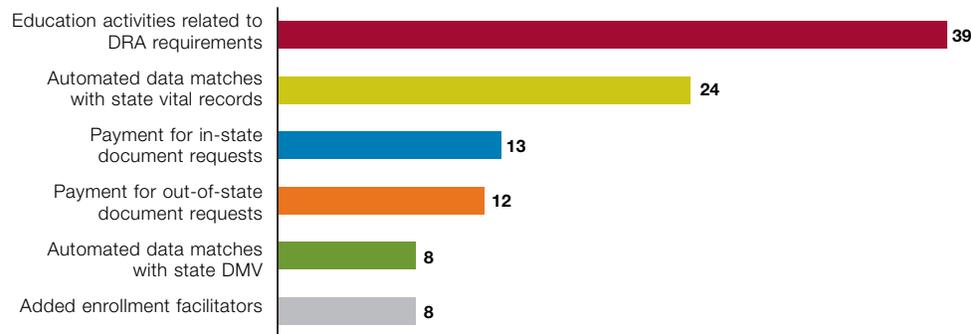
Birth records are the most common document used to document citizenship status while a driver's license or state-issued identification card is the most common form of documentation of identity for adult Medicaid applicants or enrollees. After education and outreach, the most common new procedures among the 43 states were obtaining birth information through automation of data matches with that state's vital records agency (24 states); payment for in-state document requests (13 states) and; payment of out-of-state document requests (12 states). In addition, eight states added a process for automated data matches with that state's department of motor vehicles and another eight states added enrollment facilitators to assist applicants with documentation requirements.

Not reflected in Figure 2 are additional comments several state officials made about working with other states that are interested in a national electronic interface to vital records to facilitate out-of-state document requests such as birth certificates, while other officials indicated that they were struggling to develop cooperative relationships with other states. The proportion of out-of-state births varies significantly by state. While the out-of-state birth rate may be

FIGURE 2

Citizenship and Identity Documentation Strategies Implemented Because of the DRA Requirements

n = 43 States



Note: With the exception of three data matches with vital records being planned, all strategies were implemented by mid-2008.
 Source: 2008 CKF Survey of State Program Officials

lower for children than for adults, this is a major issue for states, which may require a federal solution, as indicated by the following comments:

“We have tried to get cooperation from other states, but have found enormous resistance. States are not cooperating.”

“We are trying to get cooperation with (three states) that are most common for out-of-state births, but it’s going to take more than a year.”

“[Our state] was about to sign a contract with *VitalChek* to facilitate out-of-state document requests; funds were approved for the contract. But the Department of Homeland Security would not allow release of data across states.”

Many states had already implemented automated data matching strategies before enactment of the DRA of 2005.

In addition to the 24 states that have implemented or are implementing automated data matches with vital records because of the DRA, 15 states had this strategy in place prior to the DRA, for a total of 39 states with this capability. Automated identity documentation matches with the state’s department of motor vehicles were the second most likely strategy to already exist before the DRA requirement (10 states). (Data not shown.)

Many states are trying other strategies to facilitate the DRA requirements, including modification of application forms and reminders to clients.

State officials were also given the opportunity to describe other strategies that they had implemented or planned to implement because of the DRA documentation requirements. Officials from 14 states identified a total of 17 additional strategies.

Officials from four states mentioned modification of the application forms. Three states plan to add a statement that would enable parents to attest to the identity of children under the age of 16. One state modified the application to include city and state of birth to facilitate requests for out-of-state birth records.

Three states have initiatives to help clients achieve a timely submission of documentation. For example, two states implemented strategies to remind clients in advance about required documents. One of these states implemented a policy of up to five contacts (three mailings and two phone calls) to remind individuals who needed to produce documentation. The other is using United Way and the state help line (211) staff to call clients after hours with reminders. A third state extended the time frame for the “reasonable opportunity” to complete pending applications.

DRA Effects on Policy and Procedural Changes Influenced by CKF

State officials infrequently cited the DRA provisions as the reason a policy or procedural change influenced by CKF was reversed or is at risk of reversal.

In previous surveys state officials identified a total of 183 policy or procedural changes that CKF had influenced (Duchon, Ellis and Gifford 2008). By the time of the mid-2008 follow-up survey, 22 of these 183 changes had been partially or completely reversed, according to state officials (Duchon and Ellis 2008). The DRA citizenship and identity documentation requirements were only cited as contributing to the reversal of two of these 22 policy or procedural changes.

- One state had “streamlined the application to include self-declaration of citizenship.” The DRA requirements dictated the reversal of this action.
- Another state’s policy of “ex parte review”—using information from other state programs—no longer fully worked for children due to the need for citizenship and identity documentation.

State officials also identified an additional 11 policy or procedural changes that they consider “at risk” of full or partial reversal. In only one case were the DRA provisions identified as a factor contributing to the risk of reversal. One official

indicated that the elimination of the face-to-face interview for Medicaid was at risk of reversal in their state, with the DRA provisions being one of several reasons.

While few policies and procedures that CKF influenced were reversed or at risk of reversal due to the DRA, some state officials noted that because DRA came at a time when their program was still simplifying enrollment procedures in partnership with CKF, the implementation of the DRA provisions reduced CKF's effect.

Observed Effects of DRA on Medicaid and SCHIP Enrollment

Program officials in 20 states indicated that the DRA had resulted in fewer eligible children and families enrolled in Medicaid.

State officials were asked whether the DRA citizenship documentation and identity requirements have or will affect enrollment of eligible individuals in their programs (resulting in fewer eligible children and families enrolled, more eligible children and families enrolled, or little to no change in enrollment of eligible children and families). Forty of 43 Medicaid or Medicaid/SCHIP officials had an opinion on the impact of the DRA on Medicaid enrollment. Twenty officials (one-half) indicated that the result was fewer eligible children and families enrolled, while the other twenty indicated that there had been no change in enrollment (Figure 3). Among the comments on the enrollment reductions were the following:

“[We are] concerned that even though the results are probably temporary, parents of children who are dropped from coverage because of DRA may not get their kids back on until they have a health emergency, and that's not good.”

“Pregnant women have been disproportionately affected by DRA requirements. As adults, they are more likely to have been born in another state, compared to children, so they are more likely to face barriers in retrieving original documents.”

“For all the cost and effort, implementation of DRA rules revealed that ONE single person on Medicaid was an illegal alien. The law has not had the effect that Congress intended. It has been a horrible deterrent to eligible people. Lots of people fell off or quit trying. Eventually most people should find their way back on, but at what cost?”

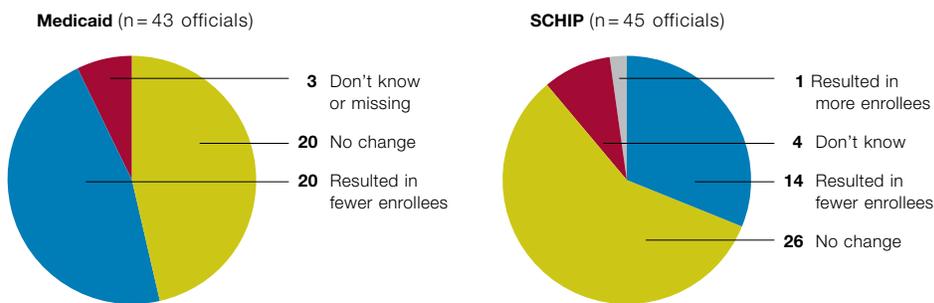
“For all of our effort, our state only found one person who was not a citizen that was enrolled in Medicaid—a 63-year-old woman born in Canada.”

Program officials in 14 states indicated that the DRA had resulted in fewer eligible children enrolled in SCHIP.

While the DRA citizenship and identity documentation requirements do not directly apply to the SCHIP program, many states use common applications and procedures for both Medicaid and SCHIP so that they can determine eligibility of children for either program. As a result, the DRA requirements may have an indirect impact on SCHIP. Of 45 SCHIP or Medicaid/SCHIP officials, 41 had an opinion on the effect of the DRA on SCHIP enrollment. More than one-third of these officials (14 of 41) indicated that the DRA had resulted in fewer eligible children enrolled in SCHIP in their state (Figure 3).

FIGURE 3

Effects of DRA Citizenship Documentation Requirements on Medicaid and SCHIP Enrollment



Source: 2008 CKF Survey of State Program Officials

One official indicated that the DRA resulted in a temporary increase in SCHIP enrollment. This state, using a joint Medicaid/SCHIP application, had enrolled children in SCHIP when families were unable to provide the required documentation. CMS determined that this was not acceptable.

Among the comments about the effect of the DRA on SCHIP were the following:

“This has caused confusion, especially for families with children enrolled in both SCHIP and Medicaid.”

“Some people never get through the Medicaid ‘door’ and are therefore never referred to SCHIP. There is especially fear among undocumented parents, even though their children may be documented and eligible.”

“We are working hard to make it clear to counties that the SCHIP program is not affected by the DRA requirements.”

“We apply the same rules to both programs.”

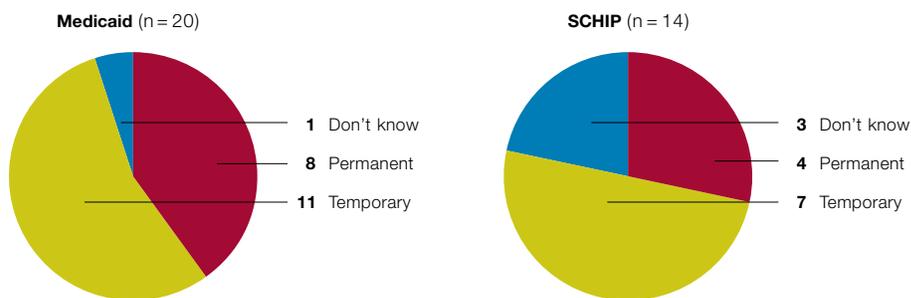
“Any enrollment changes have not been due to the DRA requirements.”

Where DRA has resulted in fewer eligible individuals being enrolled in Medicaid or SCHIP, 40 percent of officials expect the Medicaid reductions to be permanent and 28 percent expect the SCHIP reductions to be permanent.

State officials who indicated that DRA had resulted in fewer Medicaid or fewer SCHIP enrollees than expected were asked whether they believed these results were temporary or permanent. For Medicaid, officials in eight of 20 states (40%) expected that the reductions in children and families enrolled in the program would be permanent. For SCHIP, officials in four of 14 states (28%) expected that the reductions in the number of children enrolled in the program would be permanent (Figure 4).

FIGURE 4

Expected Permanence of DRA-Related Enrollment Reductions for Medicaid and SCHIP



Source: 2008 CKF Survey of State Program Officials

CONCLUSIONS

Most states have engaged in education and outreach initiatives with clients, community agencies and providers in order to facilitate implementation of the DRA citizenship and identity documentation requirements. States have also modified their enrollment and re-enrollment processes significantly to accommodate the DRA requirements. For example, they have automated data matches with vital records and the department of motor vehicles to document the citizenship status of children and parents and the identities of parents. Some states accept photocopies of citizenship or identity documents, despite the requirement in the DRA that applicants and enrollees must produce original documents.

Even with the DRA documentation requirements, many states have been able to maintain streamlined processes, including on-line applications using e-signatures. When automated matches are sufficient for citizenship and/or identity documentation and a parent's e-signature is sufficient to document the identity of a child, states have been able to maintain processes that do not require any face-to-face interviews or paper documentation by applicants or enrollees.

However, the DRA requirements have affected simplification strategies. The greatest challenges are related to individuals born in other states (making automated matches with in-state vital records unfruitful) and individuals over the age of 16 who are not licensed drivers (making neither automated data matches with DMV nor parent attestation work as acceptable identity documentation). While 18 states pay for out-of-state document requests, only five states reported agreements with other states to facilitate each other's documentation requests. Although the issue of out-of-state birth records affects pregnant women and parents more than children, some children are affected as well. Several states indicated the need for a national solution.

Half of the state officials with an opinion indicated that the DRA citizenship and identity documentation requirements have reduced Medicaid enrollment of eligible children, largely as a result of the barriers created by the DRA requirements. The reduction in SCHIP enrollment is smaller, but still significant. Most state officials with an opinion indicated that they expect these enrollment reductions to be temporary. However, the temporary nature of the effect may be due to parents deferring application for assistance until the point of a medical emergency. There are still many state officials that see long-term, unintended consequences to this policy.

Endnotes

1. PL 109-171.
2. This represents 20 of the 40 state officials that had an opinion. Three officials had no opinion.
3. Centers for Medicare & Medicaid Services. "Medicaid Program; Citizenship Documentation Requirements: Interim Final Rule." 42 CFR Parts 435, 436, 440, 441, 457, and 483 [CMS-2257-IFC] RIN 0938-AO51. *Federal Register*, 71(133), July 12, 2006.
4. The DRA was signed February 8, 2006. Prior to this time there were four states that already required proof of citizenship. However the documentation requirements in those states were sometimes different than the new DRA requirements.
5. On July 12, 2006, CMS published its "Interim Final Rule" that included an exemption for Medicare and Supplemental Security Income (SSI) recipients that had not been included in the June 2006 guidance. On December 20, 2006, the citizenship and identity documentation requirements were amended by the Tax Relief and Health Care Act of 2006 which exempted foster care and adoption assistance children and individuals receiving Social Security Disability Income (SSDI) from the documentation requirements. Finally, on March 20, 2007, CMS announced its intention to issue a new interim final rule eliminating the documentation requirements for newborns of non-citizen mothers eligible for emergency Medicaid services (to cover the costs of delivery). These newborns will be "deemed" eligible under the mother's status with eligibility continuing for the first year as is the case for other newborns whose mothers are covered by Medicaid at the time of birth.
6. Five states—Kansas, Montana, South Carolina, South Dakota, and Vermont—received "liaison" grants that provided opportunities to participate in the national CKF initiative. These states were excluded from the survey.
7. For Figure 1, *full implementation* counts only states that reported a value of "5" on the implementation scale. *Significant implementation* represents a value of "4" and *moderate implementation* represents a value of 3. No states reported an implementation status of "1" (*minimal implementation*) or "2" on the scale between 1 and 5.
8. While some states report "extensive" outreach, one state specifically noted that they made a decision not to conduct DRA-related education or outreach in order to reduce confusion. They were also concerned that information about documentation might "scare" potential applicants away from even applying.

References

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Appendix A: 2008 Survey Questions

The questions asked of state officials about citizenship documentation requirements of the Deficit Reduction Act are presented in order of the types of program officials who were asked a particular set of questions.

Questions asked of officials representing Medicaid or combined Medicaid and SCHIP programs:

Questions related to DRA implementation:

1. On a scale from 1 to 5 with "1" being *minimal implementation* and "5" being *full implementation*, how would you characterize the degree to which your state has implemented the DRA citizenship and identity requirements for **new** Medicaid applicants?
2. On a scale from 1 to 5 with "1" being *minimal implementation* and "5" being *full implementation*, how would you characterize the degree to which your state has implemented the DRA citizenship and identity requirements for **renewing or re-enrolling** Medicaid applicants?
3. For each of the following items, did your program implement that strategy *prior* to the DRA, implement it *because of* the DRA documentation requirements, or do you *plan* to implement the strategy within the next 12 months *as a result* of the DRA?
 - a. Automated data matches with state vital records
 - b. Automated data matches with the state Dept of Motor Vehicles
 - c. Payment for **in-state** document requests, at the state or county level
 - d. Payment for **out-of-state** document requests, at the state or county level
 - e. Enter into agreements with other states to facilitate each other's documentation requests
 - f. Education or outreach activities with clients and/or other agencies or providers specifically related to DRA documentation requirements
 - g. Added enrollment facilitators
 - h. OTHER (describe).

Impact of DRA on Medicaid enrollment:

1. Thinking about your state, do you think that the citizenship documentation requirements of the DRA will result in:
 - More children and families enrolled in Medicaid than would otherwise be the case
 - Fewer children and families enrolled in Medicaid than would otherwise be the case; or
 - Little to no change in Medicaid enrollment?
2. Do you think that the results will be temporary or permanent?

Question asked of officials representing SCHIP or combined Medicaid and SCHIP programs:

Impact of DRA on SCHIP enrollment:

1. Thinking about your state, do you think that the citizenship documentation requirements of the DRA will result in more, fewer, or the same number of children and families enrolled in Medicaid than would otherwise be the case?
 - More children and families enrolled in SCHIP than would otherwise be the case
 - Fewer children and families enrolled in SCHIP than would otherwise be the case; or
 - Little to no change in SCHIP enrollment.
2. Do you think that the results will be temporary or permanent?

Appendix B: States From Which Officials Were Surveyed

In May and June 2008, staff from Health Management Associates conducted telephone interviews with 59 state officials from Medicaid, SCHIP or joint Medicaid/SCHIP programs in the 46 states with CKF grants.

TABLE B-1

State and Program Type of Officials Interviewed*

Medicaid (n = 14)	SCHIP (n = 16)	Medicaid/SCHIP (n = 29)
Alabama	Alabama	Alaska
Arizona	Arizona	Arkansas
California	California	Connecticut
Florida*	Colorado**	District of Columbia
Georgia	Georgia	Delaware
Iowa	Iowa	Hawaii
Massachusetts	Massachusetts	Idaho
Mississippi	Mississippi	Illinois
Nevada	Nevada	Indiana
New Hampshire	New Hampshire	Kentucky
New York	New York	Louisiana
Oregon	North Dakota*	Maine
Pennsylvania	Oregon	Maryland
Wyoming	Pennsylvania	Michigan
	Wyoming	Minnesota
	West Virginia**	Missouri
		Nebraska
		New Jersey
		New Mexico
		North Carolina
		Ohio
		Oklahoma
		Rhode Island
		Tennessee
		Texas
		Utah
		Virginia
		Washington
		Wisconsin

* In previous surveys, both a Medicaid and SCHIP official participated in interviews.

** Only an official from the SCHIP program participated in each of the CKF surveys.

Source: 2008 CKF Survey of State Officials

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Robert Wood Johnson Foundation

Route 1 and College Road East
P.O. Box 2316
Princeton, New Jersey 08543-2316
www.rwjf.org