# State-to-State Variability in Title V Coverage for Children with Diabetes

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Title V programs are federally supported safety nets for children with chronic diseases. However, using the example of children with diabetes mellitus, Title V program eligibility and scope of coverage vary by state and may result in health coverage gaps for high-risk patients. *(J Pediatr 2013; ■: ■-■).*

In the current economic environment, the proportion of children receiving medical coverage from public programs is increasing.[1] One particular public program for children with chronic diseases is the Children with Special Health Care Needs program, funded through Title V of the Social Security Act of 1935, which provides federal support and serves as a safety net.[2] However, states administer Title V programs individually, defining their own medical and financial criteria for eligibility, which can lead to geographic disparities in access to coverage, medical care, and medications. As a paradigm for understanding this safety net for children with chronic diseases, our objective was to evaluate variation across states regarding eligibility and levels of coverage provided by Title V programs for children with diabetes, which is of particular interest given the increasing burden of both type 1 and type 2 diabetes in the US and the associated health care costs.[3]

See related article, p •••

## Methods

We developed a telephone survey for program directors of the Title V programs in all 50 US states and Washington, DC that inquired about the eligibility of children with diabetes and whether programs provided coordination of care and/or medical coverage. For programs that provided medical coverage, we inquired about coverage of medications, diabetic supplies, medical visits, ancillary support, and transportation to appointments. We assessed requirements for maintaining eligibility based on income and age, and inquired about cost participation and caps in coverage. Interviews were transcribed, analyzed, and coded. Finally, we compared state-specific financial eligibility for Title V Programs with financial requirements for State Children's Health Insurance Program (SCHIP) and Medicaid programs using data from Parish et al.[4] Differences in states' care provisions were compared using simple proportions and frequencies. This study was classified as exempt by the University of Michigan's Ethics Board.

## Results

Our response rate was 100%. Children with diabetes were eligible for Title V programs in 32 states (63%). In the majority of these states, both type 1 and type 2 diabetes were covered, with the exception of Arkansas and Wyoming, which limited coverage to children receiving insulin. All 32 states provided coordination of care and referral systems for children with diabetes. Twenty-six states (51%) provided medical coverage and coordination of care for children with diabetes. All 26 of these states covered visits with a medical provider and insulin, and 24 of them also covered diabetes supplies (eg, glucometer strips, syringes). The Table provides a state-by-state comparison of medical coverage.

Eligibility for all programs that covered medical care was based on the family's relationship to the federal poverty limit, ranging from 185% to 300%, with 10 programs having higher federal poverty limits for eligibility than SCHIP or Medicaid. Eighteen states (36%) covered children up to age 21 years. Nine states (17.6%) required cost participation on the part of families, and 9 states also capped coverage.

## Discussion

Similar to other chronic pediatric diseases, management of childhood diabetes requires access to insurance for medications, supplies, and visits to providers to prevent long-term complications. Children without access to private health coverage may turn to public programs for medical coverage. Medicaid provides coverage for the most disadvantaged children and SCHIP covers for children of modest means who do not qualify for Medicaid.[4] Title V programs are unique because they designate eligibility based on diagnosis of a chronic disease. Although Title V programs have financial eligibility requirements, in at least 10 states, these income limits were more generous compared with the federal limits for Medicaid or SCHIP.

Title V programs may serve as the insurer of last resort or provide secondary coverage for children with private or public insurance, particularly in children who are underinsured.

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|---|---|
| SCHIP | State Children's Health Insurance Program |

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**Table.** State-to-state comparison of Title V programs that provide coordination of care and medical coverage for diabetes in terms of coverage, requirements for eligibility, and financing State Title V programs that provide coordination of care and medical coverage for children with diabetes

| | Coverage | | | | | | | Requirements | | | | Financing | | Income eligibility standards for other public programs | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| State | Medical provider | Dietician | Education | Mental health | Provide transportation | Insulin | Hypertension/ lipid-lowering medications | FPL † | Annual checkups | Required provider | Maximum age, years | Cap coverage§ | Cost participation | SCHIP | Medicaid |
| AR | Yes | Yes | Yes | Yes | No | Yes | Yes | 250% | Yes | Yes | 21 | No | No | 200% | 200% |
| CA | Yes | Yes | Yes | Yes | Yes | Yes | Yes | 200% | Yes | Yes‡ | 21 | No | Yes | 250% | 100% |
| CT | Yes | No | Yes | Yes | No | Yes | Yes | 300% | No | No | 18 | No | No | 300% | 185% |
| FL | Yes | Yes | Yes | Yes | Yes | Yes | Yes | 200% | Yes | Yes‡ | 20 | No | No | 200% | 100% |
| GA | Yes | Yes | Yes | No | Yes | Yes | Yes | 236% | No | No | 21 | No | Yes | 235% | 100% |
| IA | Yes | Yes | No | Yes | No | Yes | NS | NS | NS | NS | 21 | No | Yes | 200% | 100% |
| IN | Yes | Yes | Yes | No | Yes | Yes | Yes | NS | No | No | 21 | No | No | 200% | 100% |
| LA | Yes | Yes | Yes | Yes | No | Yes | NS | 250% | Yes | NS | 21 | No | Yes | 200% | 100% |
| MD | Yes | Yes | Yes | Yes | No | Yes | Yes | 300% | No | No | 21 | $2000/year ¶ | No | 300% | 100% |
| ME | Yes | Yes | Yes | Yes | Yes | Yes | Yes | NS | Yes | Yes‡ | 21 | No | No | 200% | 125% |
| MI | Yes | Yes | Yes | Yes | Yes | Yes | Yes | NS | Yes | Yes‡ | 21 | No | Yes | 200% | 100% |
| MT | Yes | Yes | Yes | No | No | Yes | Yes | 200% | No | No | 18 | $2000/year | No | 150% | 100% |
| ND | Yes | Yes | Yes | Yes | Yes | Yes | Yes | 185% | No | No | 21 | $20 000/year | Yes | 140% | 100% |
| NE | Yes | No | Yes | No | Yes | Yes | Yes | NS | No | No | 18 | No | Yes | 185% | 100% |
| NH | Yes | Yes | Yes | Yes | Yes | Yes | Yes | 185% | No | No | 21 | No | No | 300% | 185% |
| NM | Yes | Yes | Yes | Yes | Yes | Yes | Yes | 200% | No | No | 21 | $15 000/year | No | 235% | 185% |
| NV | Yes | Yes | Yes | No | No | Yes | Yes | 250% | No | No | 18 | $10 000/year | No | 200% | 100% |
| NY | Yes | Yes | Yes | Yes | Yes | Yes | Yes | NS | No | No | 21 | No | Yes | 208% | 100% |
| OH | Yes | Yes | Yes | Yes | No | Yes | Yes | 250% | Yes | NS | 21 | No | No | 200% | 150% |
| OK* | Yes | NS | Yes | NS | Yes | Yes | Yes | 185% | NS | NS | 18 | No | No | 185% | 100% |
| SC | Yes | Yes | Yes | Yes | Yes | Yes | Yes | 250% | No | No | 21 | No | No | 150% | 100% |
| SD | Yes | Yes | Yes | No | Yes | Yes | Yes | 250% | No | No | 21 | $20 000/year | Yes | 200% | 100% |
| TX | Yes | Yes | Yes | Yes | Yes | Yes | Yes | 200% | No | No | 21 | Yearly inpatient limit | No | 200% | 100% |
| VA | Yes | Yes | Yes | No | No | Yes | Yes | 300% | No | No | 21 | $10 000 per admission and lifetime maximum of $50 000 | No | 200% | 100% |
| WA | Yes | Yes | No | Yes | No | Yes | Yes | 200% | No | No | 18 | No | No | 250% | 200% |
| WY | Yes | Yes | Yes | Yes | Yes | Yes | Yes | NS | No | No | 18 | $40 000/year | No | 200% | 100% |

*NS*, not specified; *FPL*, federal poverty limit.
Income eligibility for SCHIP and Medicaid based on data from Parish et al[3] are also shown for comparison.
*Cystic fibrosis–related and steroid-induced diabetes coverage not specified.
†Upper limit of family income eligibility as a percentage of federal poverty level.
‡Pediatric endocrinologist visit required at least annually.
§Amount of services allowed.
¶Annual limit on medications.





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For example, children with diabetes or other chronic diseases may be insured through private plans or SCHIP, but even with this insurance, families may incur significant out-of-pocket costs, and thus may enroll in Title V programs to gain more comprehensive coverage.

Surprisingly, only approximately one-half of Title V programs in the US provide medical coverage for children with diabetes. Nonetheless, this coverage is relatively comprehensive, and the majority of programs pay for the essential elements of diabetes care. Coverage until age 21 in most states is critical for children who at age 19 would transition off of Medicaid or SCHIP.[5] The Affordable Care Act provision requiring private insurers to extend parental coverage of children through age 26 years may lessen the burden on Title V programs.

State-to-state variability in coverage is not limited to Title V programs. The American Academy of Pediatrics recently reported geographic disparities in coverage for children in private plans as well. These differences could impact levels of coverage provided under the Affordable Care Act, given that states have been given latitude to choose from either public or private plans to establish a benchmark for coverage.[6] Thus, the American Academy of Pediatrics has recommended that the federal government establish a benchmark to ensure uniformity of health benefits for children across states.

Our study has some limitations. The interviews were conducted in 2006-2007, before SCHIP reauthorization.[7] Thus, there might have been changes in eligibility requirements for programs since that time. In addition, this study did not explore the presence of waiting periods, enrollment caps, or other administrative rules that could limit children's access to Title V programs. Finally, patterns of coverage may differ by disease type.

In conclusion, we found significant state-to-state variability in Title V medical coverage across all US states. Similar to children with diabetes, other children likely face gaps in health coverage in states that do not cover their condition or provide comprehensive medical coverage. This results in a patchwork safety net for children with chronic disease, which may have an impact on future health outcomes. ■

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