TABLE 8–3.—EARNINGS AND BENEFITS FOR A MOTHER WITH TWO CHILDREN WITH DAY CARE EXPENSES AFTER 4 MONTHS ON JOB, JANUARY 1996—(PENNSYLVANIA)

Earnings	EIC	AFDC [1]	Food stamps [2]	Medicaid	Taxes: Social Security	Taxes: Federal income [3]	Taxes: State income	Work expenses [4]	"Disposable" income
$0	$0	$5,052	$2,722	Yes	$0	$0	$0	$0	[5] $7,774
2,000	800	4,892	2,410	Yes	153	0	0	600	[5] 9,349
4,000	1,600	3,292	2,530	Yes	306	0	0	1,200	[5] 9,916
5,000	2,000	2,492	2,590	Yes	383	0	0	1,500	[5] 10,199
6,000	2,400	1,692	2,650	Yes	459	0	0	1,800	[5] 10,483
7,000	2,800	892	2,710	Yes	536	0	0	2,100	[5] 10,766
8,000	3,200	0	2,798	Yes [6]	612	0	0	2,400	[5] 10,986
9,000	3,556	0	2,618	Yes [7]	689	0	0	2,700	[5] 11,785
10,000	3,556	0	2,438	No [7]	765	0	0	3,000	12,229
15,000	2,842	0	1,538	No [8]	1,148	0	420	4,200	13,612
20,000	1,789	0	0	No	1,530	0	560	5,200	14,499
30,000	0	0	0	No	2,295	1,628	840	5,400	19,837
50,000	0	0	0	No	3,825	5,187	1,400	5,400	34,188

[1] Assumes these deductions: $120 monthly standard allowance (which would drop to $90 after 1 year on the job) and child care costs equal to 20 percent of earnings, up to maximum of $350 for two children.

[2] Assumes these deductions: 20 percent of earnings, $134 monthly standard deduction and child care costs equal to 20 percent of wages, up to maximum of $320 for two children.

[3] Head of household rates in effect for 1996. The dependent care tax credit reduces tax liability at earnings of $15,000 and above.

[4] Assumed to equal 10 percent of earnings up to maximum of $100 monthly, plus child care costs equal to 20 percent of earnings up to a maximum of $350 for two children.

[5] In addition, the benefits from Medicaid could be added, but are not, since the extent to which they increase disposable income is uncertain.

[6] Family would qualify for Medicaid because the mother, by law, would be deemed still an AFDC recipient, even though no AFDC would be paid; her calculated benefit would be below the minimum amount ($10 monthly) payable.

[7] Family would qualify for Medicaid for 12 months after leaving AFDC under the 1988 Family Support Act. State must offer Medicaid to all children up to age 6 whose family income is not above 133 percent of the Federal poverty guideline (ceiling of $17,290 for a family of three in 1996) and to children over age 6 born after September 30, 1983 (up to age 10⅓ in January 1996), whose family income is below the poverty guideline ($12,600 for a family of three).

[8] After losing her Medicaid transitional benefits, to regain eligibility, mother must spend down on medical expenses to State's medically needy income limit ($5,604 in August 1995).

Source: Congressional Research Service.

TABLE 8–13.—MAXIMUM AFDC BENEFITS BY FAMILY SIZE, JANUARY 1996 [1]

State	One-person family	Two-person family	Three-person family	Four-person family	Five-person family	Six-person family
Alabama	$111	$137	$164	$194	$225	$252
Alaska [2]	514	821	923	1,025	1,127	1,229
Arizona [3]	204	275	347	418	489	561
Arkansas	81	162	204	247	286	331
California	299	490	607	723	824	926
Colorado [2 16]	253	331	421	510	605	697
Connecticut [4]	402	513	636	741	835	935
Delaware [16]	201	270	338	407	475	544
District of Columbia	265	330	420	513	591	695
Florida [3]	180	241	303	364	426	487
Georgia	155	235	280	330	378	410
Guam [16]	151	258	330	417	497	592
Hawaii	418	565	712	859	1,006	1,153
Idaho	205	251	317	382	448	513
Illinois [2 5]	212	278	377	414	485	545
Indiana [2]	139	229	288	346	405	463
Iowa	183	361	426	495	548	610
Kansas [6 16]	267	352	429	497	558	619
Kentucky	186	225	262	328	383	432
Louisiana [7]	72	138	190	234	277	316
Maine [2]	198	312	418	526	632	739
Maryland	165	292	373	450	521	573
Massachusetts [3 16]	383	474	565	651	741	832
Michigan: [2 8]						
(Washtenaw County)	305	401	489	593	689	822
(Wayne County)	276	371	459	563	659	792
Minnesota [2 16]	250	437	532	621	697	773

TABLE 8–13.—MAXIMUM AFDC BENEFITS BY FAMILY SIZE, JANUARY 1996 [1]—Continued

State	One-person family	Two-person family	Three-person family	Four-person family	Five-person family	Six-person family
Mississippi	60	96	120	144	168	192
Missouri	136	234	292	342	388	431
Montana [3]	252	338	425	511	597	684
Nebraska [16]	222	293	364	435	506	577
Nevada	229	288	348	408	468	527
New Hampshire	414	481	550	613	673	754
New Jersey	162	322	424	488	522	616
New Mexico [16]	231	310	389	469	548	627
New York: [9 16]						
(New York City)	352	468	577	687	800	884
(Suffolk Co.)	446	576	703	824	949	1,038
North Carolina	181	236	272	297	324	349
North Dakota [2 16]	223	333	431	517	591	653
Ohio	203	279	341	421	493	549
Oklahoma [2]	190	238	307	380	445	509
Oregon [2 16]	310	395	460	565	660	755
Pennsylvania [10]	215	330	421	514	607	687
Puerto Rico [14]	132	156	180	204	228	252
Rhode Island [16]	327	449	554	632	710	800
South Carolina	118	159	200	241	281	322
South Dakota	304	380	430	478	528	578
Tennessee	95	142	185	226	264	305
Texas [2]	78	163	188	226	251	288
Utah	246	342	426	498	567	625
Vermont [11]	449	553	656	738	827	884
Virgin Islands	120	180	240	300	360	420
Virginia [12]	220	294	354	410	488	518

Washington	349	440	546	642	740	841
West Virginia	149	201	253	312	360	413
Wisconsin [13]	248	440	517	617	708	766
Wyoming [3]	195	320	360	390	450	510
Median State [15]	215	312	389	469	522	578

[1] Maximum benefit paid for a family of given size with no countable income. One-person units are children with an ineligible caretaker or pregnant women without a child. Families of two or more persons include one needy adult caretaker.

[2] Alaska, Colorado, Illinois, Indiana, Maine, Michigan, Minnesota, North Dakota, Oklahoma, Oregon, and Texas also have a children-only schedule.

[3] Arizona, Florida, Massachusetts, Montana, and Wyoming have two payment schedules, one that includes shelter expenses and one that does not.

[4] Connecticut has three rent regions. Data shown are for rent region A, which has the highest rents.

[5] Illinois divides itself into three distinct areas with regard to payment schedules. Data shown are from the Cook County area, which includes Chicago.

[6] Kansas has five different area standards. The figures shown are from area five, which has the highest benefits.

[7] Louisiana has a payment schedule for urban areas, from which our data were taken, and one for rural areas.

[8] Michigan has varied shelter maximums. Shown are benefits for Washtenaw County (Ann Arbor) and Wayne County (Detroit).

[9] New York has payment schedules for each social service district. Shown are the Suffolk County and New York City amounts.

[10] Pennsylvania has four regions. The figures in the table are from region one, which has the highest benefits.

[11] Vermont has a base amount plus a housing maximum (including utilities) that depends on whether the recipient lives inside or outside Chittenden County. The largest amount paid to a recipient with no other countable income equals 60.6 percent of the base amount plus 60.6 percent of the housing allowance. The table assumes that the recipient lives in Chittenden County, for which the maximum allowed for shelter is $400 per month.

[12] Virginia has three payment schedules. The figures shown are from area 3, which has the highest benefits.

[13] Wisconsin has two regions—urban and rural. Our data were taken from the payment standard for urban areas.

[14] Effective July 1, 1991 the need standard in Puerto Rico includes a shelter allowance (of up to $200). The maximum amount paid to a family with no other countable income is 50 percent of the base need standard plus 50 percent of the shelter allowance.

[15] Among the 50 States and the District of Columbia.

[16] These States pay 100 percent of the need standard.

Source: Table prepared by Congressional Research Service on the basis of a telephone survey of the States.

TABLE H–4.—POVERTY RATES FOR INDIVIDUALS IN SELECTED DEMOGRAPHIC GROUPS, 1959–1994

Year	Overall	Aged	Children [1]	Individuals in female-headed families [2]	Black	Hispanic origin [3]	White
1959	22.4	35.2	27.3	49.4	55.1	NA	18.1
1960	22.2	NA	26.9	48.9	NA	NA	17.8
1961	21.9	NA	25.6	48.1	NA	NA	17.4
1962	21.0	NA	25.0	50.3	NA	NA	16.4
1963	19.5	NA	23.1	47.7	NA	NA	15.3
1964	19.0	NA	23.0	44.4	NA	NA	14.9
1965	17.3	NA	21.0	46.0	NA	NA	13.3
1966	14.7	28.5	17.6	39.8	41.8	NA	11.3
1967	14.2	29.5	16.6	38.8	39.3	NA	11.0
1968	12.8	25.0	15.6	38.7	34.7	NA	10.0
1969	12.1	25.3	14.0	38.2	32.2	NA	9.5
1970	12.6	24.6	15.1	38.1	33.5	NA	9.9
1971	12.5	21.6	15.3	38.7	32.5	NA	9.9
1972	11.9	18.6	15.1	38.2	33.3	22.8	9.0
1973	11.1	16.3	14.4	37.5	31.4	21.9	8.4
1974	11.2	14.6	15.4	36.5	30.3	23.0	8.6
1975	12.3	15.3	17.1	37.5	31.3	26.9	9.7
1976	11.8	15.0	16.0	37.3	31.1	24.7	9.1
1977	11.6	14.1	16.2	36.2	31.3	22.4	8.9
1978	11.4	14.0	15.9	35.6	30.6	21.6	8.7
1979	11.7	15.2	16.4	34.9	31.0	21.8	9.0
1980	13.0	15.7	18.3	36.7	32.5	25.7	10.2
1981	14.0	15.3	20.0	38.7	34.2	26.5	11.1
1982	15.0	14.6	21.9	40.6	35.6	29.9	12.0
1983	15.2	13.8	22.3	40.2	35.7	28.0	12.1
1984	14.4	12.4	21.5	38.4	33.8	28.4	11.5
1985	14.0	12.6	20.7	37.6	31.3	29.0	11.4
1986	13.6	12.4	20.5	38.3	31.1	27.3	11.0
1987	13.4	12.5	20.3	38.1	32.4	28.1	10.4
1988	13.0	12.0	19.5	37.2	31.3	26.7	10.1
1989	12.8	11.4	19.6	35.9	30.7	26.2	10.0
1990	13.5	12.2	20.6	37.2	31.9	28.1	10.7
1991	14.2	12.4	21.8	39.7	32.7	28.7	11.3
1992 [4]	14.8	12.9	22.3	39.0	33.4	29.6	11.9
1993	15.1	12.2	22.7	38.7	33.1	30.6	12.2
1994	14.5	11.7	21.8	38.6	30.6	30.7	11.7

[1] All children including unrelated children.
[2] Does not include females living alone.
[3] Hispanic origin may be of any race; it is an overlapping category.
[4] For 1992, figures are based on 1990 census population controls.

NA—Not available.

Source: U.S. Bureau of the Census (1996 and various years).

Children under age 6 with family incomes below poverty are most likely to be covered. Coverage rates drop steadily with age and income until age 65.

TABLE 16–12.—MEDICAID COVERAGE BY AGE AND FAMILY INCOME, 1994

[In thousands]

Age	Covered by Medicaid	Persons in age group	Percent with Medicaid
In poverty:			
0–5	4,358	6,093	71.5
6–10	2,762	4,228	65.3
11–18	2,940	5,611	52.4
19–44	5,101	13,823	36.9
45–64	1,366	4,639	29.4
65 or older	1,050	3,663	28.7
Total	17,577	38,057	46.2
Family income between 100 and 133 percent of poverty:			
0–5	875	1,967	44.5
6–10	548	1,472	37.2
11–18	575	1,987	28.9
19–44	1,151	6,258	18.4
45–64	346	1,997	17.3
65 or older	552	2,907	19.0
Total	4,047	16,589	24.4
Family income between 133 and 185 percent of poverty:			
0–5	825	2,822	29.2
6–10	391	2,166	18.0
11–18	496	3,257	15.2
19–44	1,072	10,175	10.5
45–64	374	3,625	10.3
65 or older	430	4,915	8.8
Total	3,588	26,960	13.3
Family income greater than 185 percent of poverty:			
0–5	1,109	13,379	8.3
6–10	621	11,401	5.4
11–18	874	19,094	4.6
19–44	2,034	75,164	2.7
45–64	707	41,187	1.7
65 or older	843	19,783	4.3
Total	6,189	180,009	3.4

TABLE 16–12.—MEDICAID COVERAGE BY AGE AND FAMILY INCOME, 1994—Continued

[In thousands]

Age	Covered by Medicaid	Persons in age group	Percent with Medicaid
All persons:			
0–5	7,167	24,261	29.5
6–10	4,321	19,267	22.4
11–18	4,885	29,949	16.3
19–44	9,358	105,420	8.9
45–64	2,794	51,449	5.4
65 or older	2,876	31,269	9.2
Total	31,400	261,614	12.0

Source: CRS tabulations from the March 1995 Current Population Survey (CPS). Table excludes persons in institutions and approximately 250,000 children under age 15 living with nonfamily caretakers. Number of recipients is lower than the number on administrative records due to underreporting by CPS respondents.

SERVICES

States are required to offer the following services to categorically needy recipients under their Medicaid Programs: inpatient and outpatient hospital services; laboratory and x-ray services; nursing facility (NF) services for those over age 21; home health services for those entitled to NF care; early and periodic screening, diagnosis, and treatment (EPSDT) for those under age 21; family planning services and supplies; physicians' services; and nurse-midwife services. OBRA 1989 required States to provide ambulatory services offered by federally qualified health centers, effective April 1, 1990, and services furnished by certified family or pediatric nurse practitioners, effective July 1, 1990. States may also provide additional medical services such as drugs, eyeglasses, and inpatient psychiatric care for individuals under age 21 or over 65 (see table 16–24). OBRA 1990 added two new optional services: home and community-based services for the functionally disabled elderly and community supported living arrangement services for the developmentally disabled. Total expenditures under these services are capped. States are permitted to establish limitations on the amount of care provided under a service category (such as limiting the number of days of covered hospital care or number of physicians' visits). Certain services to children may not be limited.

Federal law establishes the following requirements for coverage of the medically needy: (1) if a State provides medically needy coverage to any group, it must provide ambulatory services to children and prenatal and delivery services for pregnant women; (2) if a State provides institutional services for any medically needy group, it must also provide ambulatory services for this population group; and (3) if the State provides medically needy coverage for persons in intermediate care facilities for the mentally retarded (ICF/MRs) or in institutions for mental diseases, it must offer to all groups covered in its medically needy program the same mix of institutional and noninstitutional services as required under prior law

TABLE 16–13.—HISTORY OF MEDICAID PROGRAM COSTS, 1966–97

Fiscal year	Total		Federal		State	
	Dollars (in millions)	Percent increase	Dollars (in millions)	Percent increase	Dollars (in millions)	Percent increase
1966 [1]	1,658	....	789	....	869	....
1967 [1]	2,368	42.8	1,209	53.2	1,159	33.4
1968 [1]	3,686	55.7	1,837	51.9	1,849	59.5
1969 [1]	4,166	13.0	2,276	23.9	1,890	2.2
1970 [1]	4,852	16.5	2,617	15.0	2,235	18.3
1971	6,176	27.3	3,374	28.9	2,802	25.4
1972 [2]	8,434	36.6	4,361	29.3	4,074	45.4
1973	9,111	8.0	4,998	14.6	4,113	1.0
1974	10,229	12.3	5,833	16.7	4,396	6.9
1975	12,637	23.5	7,060	21.0	5,578	26.9
1976	14,644	15.9	8,312	17.7	6,332	13.5
TQ [3]	4,106	NA	2,354	NA	1,752	NA
1977	17,103	[4] 16.8	9,713	[4] 16.9	7,389	[4] 16.7
1978	18,949	10.8	10,680	10.0	8,269	11.9
1979	21,755	14.8	12,267	14.9	9,489	14.8
1980	25,781	18.5	14,550	18.6	11,231	18.4
1981	30,377	17.8	17,074	17.3	13,303	18.4
1982	32,446	6.8	17,514	2.6	14,931	12.2
1983	34,956	7.7	18,985	8.4	15,971	7.0
1984	37,569	7.5	20,061	5.7	17,508	9.6
1985 [5]	40,917	8.9	[6] 22,655	12.9	[6] 18,262	4.3
1986	44,851	9.6	24,995	10.3	19,856	8.7
1987	49,344	10.0	27,435	9.8	21,909	10.3
1988	54,116	9.7	30,462	11.0	23,654	8.0
1989	61,246	13.2	34,604	13.6	26,642	12.6
1990	72,492	18.4	41,103	18.8	31,389	17.8
1991	91,519	26.2	52,532	27.8	38,987	24.2
1992	118,166	29.1	67,827	29.1	50,339	29.1
1993	132,010	11.7	75,774	11.7	56,236	11.7
1994	143,919	9.0	82,034	8.3	61,885	10.0
1995	156,263	8.6	89,070	8.6	67,193	8.6
1996 [7]	166,477	6.5	94,892	6.5	71,585	6.5
1997 [7]	185,212	11.2	105,571	11.2	79,641	11.2

[1] Includes related programs which are not separately identified, though for each successive year a larger portion of the total represents Medicaid expenditures. As of January 1, 1970, Federal matching was only available under Medicaid.

[2] Intermediate care facilities (ICFs) transferred from the cash assistance programs to Medicaid effective January 1, 1972. Data for prior periods do not include these costs.

[3] Transitional quarter (beginning of Federal fiscal year moved from July 1 to October 1).

[4] Represents increase over fiscal year 1976, i.e., five calendar quarters.

[5] Includes transfer of function of State fraud control units to Medicaid from Office of Inspector General.

[6] Temporary reductions in Federal payments authorized for fiscal years 1982–84 were discontinued in fiscal year 1985.

[7] Current law estimate.

NA—Not available.

Note.—Totals may not add due to rounding.

Source: Budget of the U.S. Government, fiscal years 1969–97 (see Office of the President, 1996, in reference list), and Health Care Financing Administration, Division of Budget.

Poverty rates for different race/ethnicity groups, tabulated from Current Population Survey data.						
	White	African American / Black	Native American / Eskimo	Asian / Pacific Islander	Other	Hispanic
1989	.092	.333	.302	.155	.216	.287
1990	.098	.348	.355	.151	.211	.308
1991	.103	.351	.360	.152	.203	.319
1992	.105	.362	.354	.149	.268	.326
1993	.108	.365	.323	.168	.249	.335
1994	.101	.333	.339	.172	.257	.334

There are several reasons why this table differs from the table presented in the Green Book. First, the data above are not "weighted." Although it is correct to weight the data when making inferences, I did not have time to obtain this information. Second, it is possible that the poverty line provided in the CPS differs slightly from that used in the Green Book calculation. The numbers are fairly close, nonetheless. If you are interested in how I actually went about generating these percentages, come by my office hours sometime soon!