



Specialized Training of Military Parents (*STOMP*)

1-800-572-7368 (v/tty)

FACT SHEET # 4

MEDICAID

Medicaid was established in 1965 by Title XIX of the Social Security Act to provide medical assistance for selected groups of low-income individuals and families.

Medicaid does not pay money to you; instead, it sends payments directly to your health care providers.

Each state has flexibility in structuring their Medicaid programs. Within broad national guidelines established by Federal statutes, regulations, and policies, each State

- (1) Establishes its own eligibility standards;
- (2) Determines the type, amount, duration, and scope of services;
- (3) Sets the rate of payment for services; and
- (4) Administers its own program.

Medicaid policies for eligibility, services, and payment are complex and vary considerably, even among States of similar size or geographic proximity. For military families this means reapplication for both SSI and Medicaid when PCSing interstate and familiarizing oneself with a new system once more. Gaining as much knowledge as possible about the system in the new state prior to transition will enable families to more effectively access Medicaid as a resource. Terminology, resources and eligibility may vary enormously from state to state.

The eligibility for children falls into three broad categories:

- (1) MANDATORY ELIGIBILITY THROUGH Supplemental Security Income (SSI) ELIGIBILITY
- (2) ELIGIBILITY THROUGH THE STATE EXERCISING its OPTION TO COVER A SPECIFIC GROUP OF CHILDREN
- (3) ELIGIBILITY AS “MEDICALLY NEEDED” INDIVIDUALS

WHY MEDICAID?

Military families may question the need to apply for Medicaid for their child. After all, they already have medical benefits available to them through TriCare. Services and resources provided by Medicaid will vary according to the specific individual involved and their own medical needs as required. However, Medicaid can provide assistance with the following:

- *Subsidizing insurance co-pays for therapies and treatment
- *Provision of medically necessary equipment/supplies
- *In home Personal Care services as determined appropriate
- *Provision of diapers and related supplies for children over 3 with medical need

Please note that the above are examples of medically related expenses that Medicaid can assist with and that this list is by no means exhaustive. Provision will vary according to individual medical needs and accurate referral and prescription from a doctor.

Eligibility categories:

(1) MANDATORY ELIGIBILITY THROUGH SSI ELIGIBILITY:

In thirty-eight states and in the District of Columbia, children with disabilities who qualify for SSI also qualify for Medicaid. The other twelve states apply different standards with regards to disability, income and resources. However, most children who receive SSI also become eligible for Medicaid.

STATES WHERE CHILDREN ARE AUTOMATICALLY ELIGIBLE WITH SSI ELIGIBILITY:

Alabama	Idaho*	Montana	South Dakota
Alaska*	Iowa	Nebraska*	Tennessee
Arizona	Kansas	Nevada*	Texas
Arkansas	Kentucky	New Jersey	Utah*
California	Louisiana	New Mexico	Vermont
Colorado	Maine	New York	Washington
Delaware	Maryland	Oregon	West Virginia
District of Columbia	Massachusetts	Pennsylvania	Wisconsin
Florida	Michigan	Rhode Island	Wyoming
Georgia	Mississippi	South Carolina	

* A SEPARATE APPLICATION IS REQUIRED FOR MEDICAID

209(B) STATES: (states that use more than the SSI eligibility for Medicaid eligibility, also known as Medically Needy states.) See section 3 below for further definition of this category.

Connecticut	Indiana	New Hampshire	Ohio
Hawaii	Minnesota	North Carolina	Oklahoma
Illinois	Missouri	North Dakota	Virginia

Three of the 209(B) States exclude some or all SSI children from Medicaid. Children in these states may receive Medicaid through another category but not as SSI eligible children. These are as follows:

- *Illinois excludes children who are blind and children with disabilities;
- *Connecticut excludes children with disabilities;
- *Missouri excludes children who are blind.

Please remember that there are other ways besides through SSI eligibility that mandatory coverage is provided. These include families receiving benefits under the ADFC Program (Aid to Families with Dependent Children) and children in poverty.

(2) ELIGIBILITY THROUGH THE STATE EXERCISING ITS OPTION TO COVER A SPECIFIC GROUP OF CHILDREN:

States have the option to cover other low-income groups as they determine appropriate. Individuals who may be covered in these optional groups are entitled to the same services as individuals in the mandatory coverage groups. In order to find out what types of optional coverage is available in your state; contact your local DSHS office.

There is one category of optional coverage under Medicaid, which is especially important to be aware of in regards to **Non-Institutionalized Children with Disabilities**.

There is a variety of terminology used regarding this option, but it is most commonly referred to as the “**Katie Beckett**” provision or waiver. Under this provision of law, states can extend Medicaid coverage to certain children with disabilities who live at home.

These children must:

- (a) Meet the SSI definition of disability;
- (b) Require the level of care available in a nursing home or hospital but which can also be appropriately provided outside a facility.

The waiver was so named for Katie Beckett, a child who required the use of a ventilator who was thus unable to live at home because her family income would have made her ineligible for SSI and therefore Medicaid. Without the ability to access these resources the family could not afford to sustain the level of medical care required for Katie to live at home.

This situation arose due to the fact that children living in medical institutions for more than 30 days are considered to be “permanently” residing outside the home and therefore only the child’s income and resources are used for SSI eligibility. When children live at home or return to live at home, their parent’s income is “deemed” available to them and therefore they can quickly be found ineligible for SSI and subsequently Medicaid. This type of provision supports the family’s privilege and choice to care for family members with disabilities at home *with the necessary support*. It is a more beneficial and cost-effective choice for states in that it prevents unnecessary expenditure on full time, permanent care for people who have the potential to live within and contribute to their community in so many ways.

Please remember that the Katie Beckett waiver/provisions for non-institutionalized children with disabilities are just one form of optional coverage. Each state has established criteria for individuals to be served in optional coverage groups and there are frequently a variety of ways that a child may become eligible within the same system.

(3) ELIGIBILITY AS “MEDICALLY NEEDED” INDIVIDUALS:

States can also elect to cover individuals who are defined as medically needy. These are children who do not meet SSI eligibility criteria but who meet SSI disability criteria and have high medical bills. After deducting medical expenses, their income must fall below the state’s medically needy “protected income” level.

If a state chooses to provide medically needy coverage, it must cover all children under 18 and pregnant women who would qualify under one of the mandatory eligibility groups (SSI or AFDC) if their income or resources were lower. Thirty-five states and the District of Columbia have a medically needy program.

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM (EPSDT):

All Medicaid eligible children from birth to 21 are entitled to services under EPSDT. This program makes health care accessible to families by identifying mental or physical health concerns through periodic screening and then providing diagnostic services and health care to treat conditions diagnosed by the screen. Any health or educational professional may refer a Medicaid

eligible child to the EPSDT Program. Services can include but are not limited to the following: developmental assessments, lab tests, immunizations, hearing and vision exams and treatment and dental care.

MEDICAID PROGRAMS & ELIGIBILITY IN THE STATES				
STATE	USES SSI CRITERIA	209(B) OPTION **	KATIE BECKETT	MEDICALLY NEEDY
ALABAMA	YES			
ALASKA	YES			
ARIZONA	YES			
ARKANSAS	YES		YES	YES
CALIFORNIA	YES			YES
COLORADO	YES			
CONNECTICUT		YES	YES	YES
DELEWARE	YES			
District of Columbia	YES		YES	YES
FLORIDA	YES			YES
GEORGIA	YES		YES	YES
HAWAII		YES	YES	YES
IDAHO	YES		YES	

ILLINOIS		YES		YES
INDIANA		YES		
IOWA	YES			YES
KANSAS	YES			YES
KENTUCKY	YES			YES
LOUISIANA	YES			YES
MAINE	YES		YES	YES
MARYLAND	YES			YES

MEDICAID PROGRAMS & ELIGIBILITY IN THE STATES

STATE	USES SSI CRITERIA	209(B) OPTION **	KATIE BECKETT	MEDICALLY NEEDY
MASSACHUSETTS	YES		YES	YES
MICHIGAN	YES			YES
MINNESOTA		YES		YES
MISSISSIPPI	YES			
MISSOURI		YES		
MONTANA	YES		YES	YES
NEBRASKA	YES		YES	YES
NEVADA	YES		YES	
NEW HAMPSHIRE		YES	YES	YES
NEW JERSEY	YES			YES
NEW MEXICO	YES			
NEW YORK	YES			YES
NORTH CAROLINA		YES	YES	YES
NORTH DAKOTA		YES		YES
OHIO		YES		
OKLAHOMA		YES	YES	
OREGON	YES		YES	
PENNSLYVANIA	YES		YES	YES
RHODE ISLAND	YES		YES	YES
SOUTH CAROLINA	YES			
SOUTH DAKOTA	YES		YES	
TENNESSEE	YES			YES
TEXAS	YES			YES*
UTAH	YES		YES	YES
VERMONT	YES		YES	YES

MEDICAID PROGRAMS & ELIGIBILITY IN THE STATES				
STATE	USES SSI CRITERIA	209(B) OPTION **	KATIE BECKETT	MEDICALLY NEEDY
VIRGINIA		YES		YES
WASHINGTON	YES		YES	YES
WEST VIRGINIA	YES		YES	YES
WISCONSIN	YES		YES	YES
WYOMING	YES			

*The medically needy program in Texas covers only the “mandatory” medically needy groups. It does not cover the aged, blind and disabled.

**209 (b) states use a more restrictive criteria to determine eligibility than are used by the SSI program

Think of SSI eligibility as your “doorway” to Medicaid eligibility and that some states use a more strict set of requirements. Military families, who find themselves ineligible for Medicaid because of their SSI ineligibility, should know that establishing the disability eligibility will enable their child to receive the Medicaid benefit when their child turns 18 or if their economic situation changes.

To find the phone number of the Medicaid office nearest you call **1-800-633-4227** and follow the prompts through “Other Options”.

Each state is required to identify the federal programs they implement as well as any state specific Medicaid waivers. The U.S. Department of Health and Human Services CMS Centers for Medicare and Medicaid Services web site is a great place to gain this information. The site is www.cms.hhs.gov and covers basic to in-depth information. .

Remember, the Medicaid program varies from state to state. Always verify your state’s requirements for eligibility, waiver programs, application and covered services. Doing research is your best offense!

“Working Together With Military Families Of Children With Disabilities!”



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