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| PROGRAM NAME | POPULATION SERVED | INCOME & RESOURCES | DISABILITY, LEVEL OF CARE and OTHER REQUIREMENTS | BENEFITS |
| AGED, BLIND, AND DISABLED (ABD) |
| SSI – MandatorySupplemental Security Income - 1634 | Individuals with disabilities of any age who are eligible for SSI through SSA These individuals may be receiving the SSI financial payment or eligible for and not receiving the payment due to their participation in a work incentive program with SSA.  | Income and resource eligibility determination is made by SSA.There are many clients who have income higher than the income limit and still qualify for SSI Medicaid under 1619B provisions.If income changes, the client must notify SSI and the eligibility worker | * No disability or level of care requirement
 | * Acute Care Benefits
* Durable Medical Equipment
* Non-Emergency Medical Transportation
* Mental Health Services
* Emergency Services
* Prescription Services
* Limited Physical Therapy, Occupational Therapy, and Speech Pathology
* Podiatry Services
* Optometry Services
* Private Duty Nursing
* Hospice Care
 |
| OAP – AOld Age Pension Medicaid | Persons 65 and over who are eligible for OAP Adult Financial assistance (If an individual is not receiving an Old Age Pension financial payment they are not eligible for OAP Medicaid). | No Couple Income LimitIncome eligibility is determined by Adult Financial. Resource eligibility is determined by Adult Financial with the exception of Life Insurance Policies.Resource limits are to be met during the duration of Medicaid eligibility.  | * No disability or level of care requirement
 | * Acute Care Benefits
* Durable Medical Equipment
* Non-Emergency Medical Transportation
* Mental Health Services
* Emergency Services
* Prescription Services
* Limited Physical Therapy, Occupational Therapy and Speech Pathology
* Podiatry Services
* Optometry Services
* Private Duty Nursing
* Hospice Care
 |
| OAP – BOld Age Pension Medicaid | Individuals age 60 to 64 who are eligible for OAP Adult Financial assistance (If an individual is not receiving an Old Age Pension financial payment they are not eligible for OAP Medicaid). | No Couple Income LimitIncome eligibility is determined by Adult Financial. Resource eligibility is determined by Adult Financial with the exception of Life Insurance Policies.Resource limits are to be met during the duration of Medicaid eligibility. | * Must meet the SSA disability criteria
* No level of care requirement
 | * Acute Care Benefits
* Durable Medical Equipment
* Non-Emergency Medical Transportation
* Mental Health Services
* Emergency Services
* Prescription Services
* Limited Physical Therapy, Occupational Therapy and Speech Pathology
* Podiatry Services
* Optometry Services
* Private Duty Nursing
* Hospice Care
 |
| OAP HCP–AOld Age Pension – Health Care Program (Not considered Medicaid) | Individuals age 65 and over who do not qualify for SSI and are eligible for OAP Adult Financial assistance (If an individual is not receiving an Old Age Pension financial payment they are not eligible for OAP HCP)  | No Couple Income LimitIncome eligibility is determined by Adult Financial. Resource eligibility is determined by Adult Financial with the exception of Life Insurance Policies.Resource limits are to be met during the duration of Medicaid eligibility. | * No disability or level of care requirement
 | State Only OAP Health & Medical Fund * Inpatient Hospital Services
* Outpatient Hospital Services
* Physician Services
* Lab & X-Ray Services
* Prescription Services
* Supplies
* Transportation
* Home Health Services
 |
| OAP HCP–BOld Age Pension – Health Care Program (Not considered Medicaid) | Individuals age 60 to 64 and over who do not qualify for SSI and are eligible for OAP Adult Financial assistance (If an individual is not receiving an Old Age Pension financial payment they are not eligible for OAP HCP). | No Couple Income LimitIncome eligibility is determined by Adult Financial. Resource eligibility is determined by Adult Financial with the exception of Life Insurance Policies.Resource limits are to be met during the duration of Medicaid eligibility. | * No disability or level of care requirement
 | State Only OAP Health & Medical Fund * Inpatient Hospital Services
* Outpatient Hospital Services
* Physician Services
* Lab & X-Ray Services
* Prescription Services
* Supplies
* Transportation
* Home Health Services
 |
| WAwDBuy-In Program for Working Adults with Disabilities(Adult Buy-In) | Individuals with disabilities age 16 through 64 who are employed  | Spouse’s income is not countable. No resource limit | * Must meet the SSA disability criteria OR the state authorized disability contractor’s limited disability criteria
* Must meet the HCBS level of care criteria IF the individual needs additional LTC services
* May require a monthly premium (based on income)
* Must be employed
 | * Acute Care Benefits
* Durable Medical Equipment
* Non-Emergency Medical Transportation
* Mental Health Services
* Emergency Services
* Prescription Services
* Limited Physical Therapy, Occupational Therapy, and Speech Pathology
* Podiatry Services
* Optometry Services
* Private Duty Nursing
* Hospice Care
 |
| CBwDBuy-In Program for Children with Disabilities(Children’s Buy-In) | Children under age 19 with disabilities who are not employed | Family’s income may be countableNo resource limit. | * Must meet the SSA disability criteria OR the state authorized disability contractor’s limited disability criteria
* May require a monthly premium (based on income)
* Cannot be employed
 | * Acute Care Benefits
* Durable Medical Equipment
* Non-Emergency Medical Transportation
* Mental Health Services
* Emergency Services
* Prescription Services
* Limited Physical Therapy, Occupational Therapy, and Speech Pathology
* Podiatry Services
* Optometry Services
* Private Duty Nursing
* Hospice Care
* **+** Early Periodic Screening, Diagnosis and Treatment (EPSDT)
 |
| DAC Disabled Adult Child  | Individuals with disabilities age 18 and over that became ineligible for SSI due to entitlement of SSA benefits drawn from their parent.  | DAC SSA benefit is disregarded. All other income is countable. Unearned and Earned income disregards will apply. Resource limits are to be met during the duration of Medicaid eligibility.  | * No disability or level of care requirement
 | * Acute Care Benefits
* Durable Medical Equipment
* Non-Emergency Medical Transportation
* Mental Health Services
* Emergency Services
* Prescription Services
* Limited Physical Therapy, Occupational Therapy, and Speech Pathology
* Podiatry Services
* Optometry Services
* Private Duty Nursing
* Hospice Care
 |
| QDWQualified Disabled Widow | Individuals with disabilities who are widowed age 50 through 64 who lose SSI and/or OAP due to receipt of SSA benefits as a disabled widow. No longer eligible when client becomes Medicare eligible. | QDW SSA benefit is disregarded. All other income is countable. Unearned and Earned income disregards will apply. Resource limits are to be met during the duration of Medicaid eligibility.  | * No disability or level of care requirement
 | * Acute Care Benefits
* Durable Medical Equipment
* Non-Emergency Medical Transportation
* Mental Health Services
* Emergency Services
* Prescription Services
* Limited Physical Therapy, Occupational Therapy, and Speech Pathology
* Podiatry Services
* Optometry Services
* Private Duty Nursing
* Hospice Care
 |
| Pickle | Pickles consist of 2 groups of former SSI (and/or OAP) recipients:**Group 1**: Persons who were once entitled to SSI (and/or OAP), but lost this entitlement due to the amount of their initial SSA Title II entitlement**\***, and may now be able to regain their Medicaid eligibility.**Group 2**: Persons who were entitled to receive both SSI (and/or OAP) and an SSA Title II benefit in the same month but became ineligible for SSI (and/ or OAP) due to the SSA COLA (Cost Of Living Adjustment) or a COLA of a parent/spouse.**\***The initial SSA Title II benefit amount is “frozen” and when the COLA’s makes the SSI maximum equal to or greater than this “frozen” amount minus $20, the client may be able to regain Medicaid eligibility. | If client lost SSI due to Title II initial entitlement, this entitlement is “frozen” and is used when determining income eligibility. All other income is countable. Unearned and Earned income disregards will apply. Resource limits are to be met during the duration of Medicaid eligibility.  | * No disability or level of care requirement
 | * Acute Care Benefits
* Durable Medical Equipment
* Non-Emergency Medical Transportation
* Mental Health Services
* Emergency Services
* Prescription Services
* Limited Physical Therapy, Occupational Therapy, and Speech Pathology
* Podiatry Services
* Optometry Services
* Private Duty Nursing
* Hospice Care
 |
| BCCPBreast and Cervical Cancer Program  | Women age 40 – 64 who have been screened and have received a diagnosis of breast and/or cervical cancer at a Women’s Wellness Connection (WWC) site, have no other health insurance that covers treatment, and who do not otherwise qualify for Medicaid in another category.  | Income eligibility determination is made by a WWC site. Individual must meet this income limit to qualify for the free screening program for which the client must be eligible before she can be eligible for Medicaid).No resource limit | * Must be screened and have received a diagnosis of breast and/or cervical cancer at a WWC site
* Presumptive Eligibility must be requested by the WWC site and processed by the state help desk before the client can be eligible for BCCP
 | * Acute Care Benefits
* Durable Medical Equipment
* Non-Emergency Medical Transportation
* Mental Health Services
* Emergency Services
* Prescription Services
* Limited Physical Therapy, Occupational Therapy, and Speech Pathology
* Podiatry Services
* Optometry Services
* Private Duty Nursing
* Hospice Care
* Reconstruction (w/prior auth.)
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| PROGRAM NAME | POPULATION SERVED | INCOME & RESOURCES | DISABILITY, LEVEL OF CARE and OTHER REQUIREMENTS | BENEFITS |
| MEDICARE SAVINGS PROGRAM |
| QMBQualified Medicare Beneficiary | Individuals eligible for Medicare May be eligible for other categories of Medicaid (Dual Eligible). | Resource limits are to be met during the duration of Medicaid eligibility.  | * No disability or level of care requirements
 | * Payment of Medicare Part B premium, co-insurance, and deductibles
 |
| SLMB Special Low-Income Medicare Beneficiary | Individuals eligible for Medicare Part A | Resource limits are to be met during the duration of Medicaid eligibility.  | * No disability or level of care requirements
 | * Payment of Medicare Part B premium
 |
| QI–1Medicare Qualifying Individual–1 | Individuals eligible for Medicare  | Resource limits are to be met during the duration of Medicaid eligibility.  | * No disability or level of care requirements
 | * Payment of Medicare Part B premium
 |
| QDWI Qualified Disabled Working Individuals | Individuals who lose Social Security Disability Insurance (SSDI) benefits due to excess earned income | Resource limits are to be met during the duration of Medicaid eligibility. | * No disability or level of care requirements
 | * Payment of Medicare Part A premium
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| PROGRAM NAME | POPULATION SERVED | INCOME & RESOURCES | DISABILITY, LEVEL OF CARE and OTHER REQUIREMENTS | BENEFITS |
| LOW INCOME SUBSIDY |
| LISLow-Income Subsidy | Individuals eligible for Medicare  | Resource limits are to be met during the duration of Medicaid eligibility.  | * Please refer individuals to SSA to apply for LIS
* Eligibility Sites can make determinations within CBMS for LIS IF the client “insists” on a county determination
* Medicare eligible individuals do not need to apply for LIS if they are active Medicaid or MSP. These individuals are automatically deemed eligible for LIS. Monthly Data Extracts are sent to SSA for these individuals.
 | * Payment of Medicare Part D premium and reduced co-pays
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| PROGRAM NAME | POPULATION SERVED | INCOME & RESOURCES | DISABILITY, LEVEL OF CARE and OTHER REQUIREMENTS | BENEFITS |
| EMERGENCY MEDICAL ASSISTANCE |
| Emergency Medicaid(All Medicaid Categories) | Medical Assistance for non-qualified aliens (undocumented aliens) or qualified aliens who have been in the country less than 5 years, and have a life or limb medical condition. An emergency medical condition is a medical condition (including labor and delivery) which manifests itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: placing the patient’s health in serious jeopardy, serious impairment of bodily function, or serious dysfunction of any bodily organ or part. Eligibility for emergency medical assistance ends after the emergency service has been provided. | Income and resource limits follow the Medical Assistance category limits under which the individual is eligible. | Client must first be determined to be eligible for a category of Medicaid.A physician shall make a written statement certifying the presence of a medical emergency condition when services are provided and shall indicate that services were for a medical emergency on the claim form. The non-qualified immigrant must have an emergency medical condition and receive emergency medical services in order to be eligible for emergency medical assistance. | * Emergency Medical Services only-Includes labor and delivery

Coverage is limited to care and services that are necessary to treat immediate emergency medical conditions. Coverage does not include prenatal care or follow-up care, such as postpartum care. |

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| PROGRAM NAME | POPULATION SERVED | INCOME & RESOURCES | DISABILITY, LEVEL OF CARE and OTHER REQUIREMENTS | BENEFITS |
| Refugee Medical Assistance (RMA) |
| Refugee | Refugees, Asylees, Victims of a Severe Form of Trafficking, and Special Immigrant Visas (SIVs) | Income from sponsors or local resettlement agencies not counted.Income is only considered at time of application.No resource limit. | Refugees only eligible within 8 months of date of entryAsylees only eligible within 8 months of date asylum grantedVictims of Severe Form of Trafficking only eligible within 8 months of date of certificationSIVs only eligible within 6 months of date of entry | * Acute Care Benefits
* Durable Medical Equipment
* Non-Emergency Medical Transportation
* Mental Health Services
* Emergency Services
* Prescription Services
* Limited Physical Therapy, Occupational Therapy, and Speech Pathology
* Podiatry Services
* Optometry Services
* Private Duty Nursing
* Hospice Care
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| PROGRAM NAME | POPULATION SERVED | INCOME & RESOURCES | DISABILITY, LEVEL OF CARE and OTHER REQUIREMENTS | BENEFITS |
| Modified Adjusted Gross Income (MAGI) and Child Health Plan Plus (CHP+)  |
| MAGI Children | Children under the age of 19 | 5% income disregardNo resource test | None2430475 | * Acute Care Benefits
* Durable Medical Equipment
* Non-Emergency Medical Transportation
* Mental Health Services
* Emergency Services
* Prescription Services
* Limited Physical Therapy, Occupational Therapy, and Speech Pathology
* Podiatry Services
* Optometry Services
* Private Duty Nursing
* Hospice Care
* **+** Early Periodic Screening, Diagnosis and Treatment (EPSDT)
* Preventative and wellness services in accordance with the Affordable Care Act (ACA)
* Dental care
 |
| MAGI Parent/Caretaker | Parents or Caretaker Relatives (within the fifth degree of kinship) of a Medicaid eligible child | 5% income disregardNo resource test | None | * Acute Care Benefits
* Durable Medical Equipment
* Non-Emergency Medical Transportation
* Mental Health Services
* Emergency Services
* Prescription Services
* Limited Physical Therapy, Occupational Therapy, and Speech Pathology
* Podiatry Services
* Optometry Services
* Private Duty Nursing
* Hospice Care
* Preventative and wellness services in accordance with the Affordable Care Act (ACA)
 |
| MAGI Adult | Adults age 19 through the end of the month that the individual turns 65, who do not receive or who are ineligible for Medicare. | 5% income disregardNo resource test | None | * Acute Care Benefits
* Durable Medical Equipment
* Non-Emergency Medical Transportation
* Mental Health Services
* Emergency Services
* Prescription Services
* Limited Physical Therapy, Occupational Therapy, and Speech Pathology
* Podiatry Services
* Optometry Services
* Private Duty Nursing
* Hospice Care
* Preventative and wellness services in accordance with the Affordable Care Act (ACA)
* Limited dental care
 |
| MAGI Pregnant | Pregnant women age 19 and over, including women who are 60 days post-partum. | 5% income disregardNo resource test | None | * Acute Care Benefits
* Durable Medical Equipment
* Non-Emergency Medical Transportation
* Mental Health Services
* Emergency Services
* Prescription Services
* Limited Physical Therapy, Occupational Therapy, and Speech Pathology
* Podiatry Services
* Optometry Services
* Private Duty Nursing
* Hospice Care
* Preventative and wellness services in accordance with the Affordable Care Act (ACA)
 |
| Needy Newborn | Babies age 0-12 months who were born to a mother on Medicaid | None | None | * Acute Care Benefits
* Durable Medical Equipment
* Non-Emergency Medical Transportation
* Mental Health Services
* Emergency Services
* Prescription Services
* Limited Physical Therapy, Occupational Therapy, and Speech Pathology
* Podiatry Services
* Optometry Services
* Private Duty Nursing
* Hospice Care
* **+** Early Periodic Screening, Diagnosis and Treatment (EPSDT)
* Preventative and wellness services in accordance with the Affordable Care Act (ACA)
 |
| Legal Immigrant Prenatal | Legal immigrants who are not eligible under Medicaid due to their alien status (entered the United States after August 22, 1996 and are within 5 year ban). Must be pregnant women, age 19 and over. Covers up to 60 days post-partum. | 5% income disregardNo resource test | None | Covered benefits only related to pregnancy. Includes prenatal, labor and delivery, and post-partum care. |
| Transitional Medicaid | Continuing Medicaid coverage for 12 months, to families who are ineligible for MAGI Medicaid due to increased earnings or new work income. | Guaranteed 12 months - no income limit. No resource test. | Eligibility depends solely on MAGI Medicaid History. A client must have received MAGI Children or MAGI Parent/Caretaker Relative Medical Assistance 3 out of the 6 months prior to the earned income increase.  | * Acute Care Benefits
* Durable Medical Equipment
* Non-Emergency Medical Transportation
* Mental Health Services
* Emergency Services
* Prescription Services
* Limited Physical Therapy, Occupational Therapy, and Speech Pathology
* Podiatry Services
* Optometry Services
* Private Duty Nursing
* Hospice Care
* **+** Early Periodic Screening, Diagnosis and Treatment (EPSDT) for those under 21
* Preventative and wellness services in accordance with the Affordable Care Act (ACA)
 |
| 4 Month Extended | Continuing Medicaid coverage for 4 months, to families who are ineligible for MAGI Medicaid due to receipt of alimony/maintenance. | Guaranteed 4 months – no income limitNo resource test | A client must lose MAGI Children or MAGI Parent/Caretaker Relative Medical Assistance due to the receipt of alimony/maintenance to receive 4 Month Extended. | * Acute Care Benefits
* Durable Medical Equipment
* Non-Emergency Medical Transportation
* Mental Health Services
* Emergency Services
* Prescription Services
* Limited Physical Therapy, Occupational Therapy, and Speech Pathology
* Podiatry Services
* Optometry Services
* Private Duty Nursing
* Hospice Care
* **+** Early Periodic Screening, Diagnosis and Treatment (EPSDT) for those under 21
* Preventative and wellness services in accordance with the Affordable Care Act (ACA)
 |
| CHP+ Children | Low income children (18 years of age and younger) who are ineligible for MAGI Children due to income | 5% income disregardNo resource test | None | Low-cost health insurance. Coverage includes inpatient and outpatient hospital services, physician services, prescription drugs, dental for children and mental health care |
| CHP+ Prenatal | Pregnant women (19 years of age and older) who are ineligible for MAGI Pregnant due to income | 5% income disregardNo resource test | None | Low-cost health insurance. Coverage includes inpatient and outpatient hospital services, physician services, prescription drugs, dental for children and mental health care |
| CHP+ Newborn | Babies age 0-12 months who were born to a mother on CHP+ | None | None | Low-cost health insurance. Coverage includes inpatient and outpatient hospital services, physician services, prescription drugs, dental for children and mental health care |

**EPSDT- Early Periodic Screening, Diagnosis and Treatment** is the child health component of the Medical Assistance Program. It is required in every state and is designed to improve the health of low-income children by financing appropriate, medically necessary services and providing outreach and case management services for all eligible individuals. Newly eligible Medicaid clients will be largely the same as the current Medicaid benefits, including the enhanced mental health and substance use disorder benefit and new dental benefit, which begins in April 2014.

In accordance with federal law, the newly eligible Medicaid clients will receive preventive and wellness services as defined by the U.S. Preventive Services Task Force (http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm)

**Preventive and wellness services** include aspirin use, blood pressure screening, breast cancer screening, cholesterol screening, depression screening, healthy diet counseling, sexually transmitted disease prevention counseling, tobacco use screening and counseling and others. In an effort to align Medicaid benefits, the current Medicaid benefit package will be expanded to include these preventive and wellness services. Additionally, the newly eligible Medicaid clients will receive habilitative services, which are considered to help individuals maintain skills necessary for daily living.