



AAICAMA FAQs Series

Medicaid – General Information

1. What is Medicaid?
 2. Where can I get information on the Medicaid program?
 3. Are all types of medical services available under Medicaid?
 4. What is a Medicaid State Plan?
 5. What is a ‘Medicaid eligibility group’?
 6. Can Medicaid be received outside the United States?
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1. Question: What is Medicaid?

Answer: Medicaid is a health service program. It is publicly supported health insurance and is available in all states, the District of Columbia and the Territories. Medicaid pays for medical assistance for eligible individuals and families with low incomes and limited resources. Medicaid is a Federal-state partnership, both financial and administrative. The program is implemented by the states and overseen by the federal government through the Centers for Medicare and Medicaid Services (CMS), an agency under the U.S. Department of Health and Human Services (HHS). Medicaid provides medical care assistance to people who meet certain eligibility criteria and is the major source of funding for medical and health-related services for people with limited income in the United States.

2. Question: Where can I get information on the Medicaid program?

Answer: “The” Medicaid program is actually many programs. Every state, the District of Columbia and the territories have a Medicaid program and all states currently have a website dedicated to the state Medicaid program. There are similarities and differences across Medicaid programs. Check a state’s website or webpage dedicated to the state medical assistance program for specifics on a state’s Medicaid services and coverage or contact the state Medicaid agency directly.

The federal agency that oversees the Medicaid program, the Centers for Medicare and Medicaid Services (CMS), also has a website that provides extensive information on the Medicaid, Medicare, and State Children’s Health Insurance Programs (SCHIP). The CMS website is maintained by the federal government and contains information on a wide range of topics related to the Medicaid program in general and state-specific information found in State Medicaid Manuals. See links below to the CMS website.

U.S.C. refers to the United States Code

C.F.R. refers to the Code of Federal Regulations



Note: Medicaid is sometimes referred to by different names. There are state-specific names, such as Medi-Cal in California and TennCare in Tennessee. Regardless of the various names, the programs are still Medicaid and are governed by federal Medicaid law and regulations.

Web tip: Some state Medicaid programs are housed within the state's social services agency, such as the Department of Family and Children's Services or the Department of Human Resources. Other state Medicaid departments are separate from social services and are part of a state medical agency. Search with the word "Medicaid" and the name of a state to link to the website or web page dedicated to Medicaid information in your state.

CMS link: <http://www.cms.hhs.gov/> (CMS homepage)

3. Question: Are all types of medical services available under Medicaid?

Answer: No, every type of medical service is not available under the federal Medicaid service guidelines. Medicaid services are either *mandatory* (required by the federal government) or *optional* (chosen by the individual state). The federal government requires that states provide mandatory services to Medicaid-eligible individuals considered to be residing in the state. The following are examples of *mandatory services* most often used by children receiving adoption assistance:

- Inpatient and outpatient hospital services
- Physician services
- Medical and surgical dental services
- Home health care for persons eligible for nursing facility services
- Rural health clinic services and any other ambulatory services chosen by your State that are offered by a rural health clinic
- Laboratory and x-ray services
- Pediatric and family nurse practitioner services
- Federally-qualified health center services and any other ambulatory services chosen by your State that are offered by a federally-qualified health center
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for individuals under age 21

The federal government does not require optional services. Each state chooses whether and which services to provide in the optional category to Medicaid eligible individuals. There is a federal listing of optional services states may provide and not all medical services, procedures, or therapies are included in this list. The *optional services* under the Medicaid program most often used by children receiving adoption assistance include:

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- Mental health
- Speech, physical, occupational, behavioral therapy
- Prescription drugs
- Optometry and eyeglasses
- Dental services (general)
- Clinic services
- Nursing facility services for those under age 21
- Intermediate care facility
- Services for those who are categorized as 'mentally retarded'

The receipt of a particular Medicaid service from a particular provider type in one state does not guarantee the receipt of similar services in another state. Optional Medicaid benefits, service definitions and limitations, and provider requirements vary between states. Medicaid eligibility in a state entitles a Medicaid eligible individual to receive the medical services listed and approved in that state's Medicaid State Plan.

4. Question: What is a Medicaid State Plan?

Answer: Medicaid State Plans are a blueprint of the populations served and services available under a state's Medicaid program. State Plans outline each state's Medicaid coverage. Federal law and regulations provide a framework for state Medicaid programs and stipulate certain basic requirements that all states must have in their program. States must cover mandatory populations (eligibility groups) and can elect to cover optional populations. States must provide mandatory services and can elect to provide optional services. States must provide all services so that they are "sufficient in amount, duration, and scope to reasonably achieve (their) purpose" and provide these services throughout the state.

5. Question: What is a 'Medicaid eligibility group'?

Answer: There are three broad Medicaid eligibility groups: 'categorically needy', 'medically needy', and 'special group'. Children eligible for title IV-E adoption assistance are in the 'categorically needy' group as defined by Medicaid. Title IV-E adoption assistance is the category and children receiving title IV-E adoption assistance are considered 'categorically eligible' for Medicaid. This means that receipt of Medicaid is automatic and continues as long as a child remains eligible for title IV-E adoption assistance, i.e. in the mandatory categorically needy Medicaid category of title IV-E. State-funded adoption assistance eligible children are in what is known as an 'optional categorically needy group' and their Medicaid is not automatic and not guaranteed in all states.

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6. Question: Can Medicaid be received outside the United States?

Answer: Yes, Medicaid can be received outside the United States. Medicaid can be received in U.S. territories. There are Medicaid programs in Guam, Puerto Rico, the (American) Virgin Islands, the Northern Mariana Islands, and American Samoa.

Note: There are no Medicaid programs in Mexico or Canada.

Cite: *42 CFR §§435-436.*

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