UNDERSTANDING MEDICAID





Medicaid is **health insurance** but it can do a lot more than other kinds of insurance.

Medicaid is different in each state, but it always:

- Covers all medical services for people under the age of 21
- Helps pay for doctor visits, medications, hospital stays, nursing homes, home health care, medical equipment and supplies, and rides to and from medical services

In some states, Medicaid can cover much more like dental care; physical, occupational, and speech therapy; mental health care; breaks for caregivers and help at home.



Tip: Even if you have other insurance, if you have a disability, you may want to apply for Medicaid. You can have more than one kind of insurance, and Medicaid may cover much more than the insurance you already have.

Many people with disabilities get Medicaid, even if they have some income

Medicaid is extra important for people with disabilities, because it pays for home and community-based services (HCBS) like:



help in your home with eating, bathing, and dressing



help preparing meals, managing medications, and budgeting







CAN I GET MEDICAID?

In most states, if you get Supplemental Security Income (SSI), you automatically can get Medicaid

In most states, Medicaid also covers adults ages 19 to 64 with low incomes, even if they do not get <u>SSI</u>.

One in four people in the United States get their health insurance from Medicaid.



You are eligible for Medicaid if you are below the income level for your category. There are over 40 different "eligibility categories" for Medicaid and they are different in each state.

Examples include:

- children
- older adults (65+)
- pregnant people
- people with disabilities
- and many other groups





Tip: Many states have special rules for people with disabilities. If you need extra help, see if you are eligible. Try calling your state's "no wrong door" program and ask for resources in your state.

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You can apply for Medicaid in your state with your state Medicaid agency

Things to know when you apply:

- You may need to provide documents to show you are eligible
- You may need to provide more documents after you apply
- The state may give you a short time period to respond

The state Medicaid agency must tell you if you can get Medicaid within 45 days, for most people. If you are applying on the basis of disability, the state has 90 days to respond.

For some disability eligibility categories, you may need a **"functional assessment."**

A functional assessment is when someone examines you to see what you need help with and how much help you need. Your state may also call this determining your level of care (LOC).

Once you get Medicaid, **you will have to renew your eligibility** – usually once a year.



Tip: If you need help applying, you can set up an appointment with an "assister" through the health insurance navigator programs. An "assister" can help you with your Medicaid application.



You have a right to appeal, which means you can ask for someone else to make sure the state decided correctly. You can also appeal if the state has not decided your application within the time limits

Do not be discouraged if you are denied Medicaid or the state does not respond to your request within 45 days, or 90 days for applications based on disability. This happens a lot, and there are still steps you can take.



Tip: If you are told you are not eligible, make sure you understand why. Medicaid eligibility can be complicated and a state does not always make the right decision. If you do not understand or if you want to check the state's decision, ask for help.

If you are denied Medicaid, the state must tell you why. They must tell you this in writing, which is called a **notice**.



The notice from the state should include information on how to appeal, also know as asking for a "fair hearing." The fair hearing is your opportunity to explain why you think you should get Medicaid. If you do not receive notice, you can call your <u>state</u> <u>Medicaid agency</u> and ask for this information.

You should respond to any letter or notice you get as soon as you can. The deadline to respond may be much shorter than you think!



UNDERSTANDING MEDICAID



WHAT IF I AM ON MEDICAID, BUT THEY WILL NOT PAY FOR MY SERVICES?

Sometimes, it is hard to get a service because you cannot find a provider. This is different from Medicaid saying they will not pay for the service.

There are ways to complain about not being able to find a provider.

You can contact <u>an advocate in your state</u> for more information.

The state Medicaid agency has to explain why in a written "notice." If you are already getting the service, the notice must come to you at least 10 days before the service stops or is reduced.



Tip: If you get a notice saying a service will end or be reduced, respond immediately. You may only have ten days (in some states, more) to reply and ask that your benefits continue until you get a hearing. If you are not sure what to do, contact your local legal services or legal aid provider or your state's protection and advocacy program as soon as possible.

Sometimes, Medicaid will not pay for the service you need.

You can appeal if Medicaid will not provide a service

The appeal process is a bit different if a state uses Medicaid managed care.

"Managed care" means that another company is managing who you can get services from.

IF YOU DO HAVE MANAGED CARE

If your health insurance is with a managed care company, you need to appeal first to that managed care company.

IF YOU DON'T HAVE MANAGED CARE

You can ask for a "fair hearing" directly.

A fair hearing is when you get a chance to make arguments and present evidence to an impartial hearing officer.



WHO CAN HELP ME?

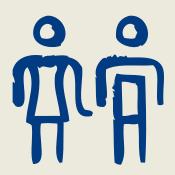
There are many resources that can assist you, like local legal services, an assister, or protection and advocacy programs

An Assister is someone who is trained to help people apply for insurance, and can help you find out if you are eligible for Medicaid or other insurance. Assisters are different from insurance agents or brokers.

<u>Local legal services or legal aid providers</u> may provide free legal help for people who are denied Medicaid eligibility or services.

Protection and Advocacy programs also may provide people with disabilities with free legal help related to Medicaid.

These state-based organizations often have state-specific resources on their website that may be helpful.





Tip: If the advocacy organization you reach out to cannot help you, ask them for a referral to someone else that can. Also ask them for any materials or resources that can help you understand your options and next steps.

