

Basic Medicaid Eligibility in Iowa

Medicaid provides medical assistance for certain individuals and families with low income and resources. It is TXIX of the Social Security Act and a partnership of State and Federal initiatives and funding. Income Maintenance workers in local counties make the determination of Medicaid eligibility. Eligibility summary data is placed on a computer system and basic information is sent to the Contractor when the enrollee is in a group enrolled in the Iowa Plan.

Providers are required to determine eligibility for the Iowa Plan for an enrollee through Iowa Medicaid Enterprise or the Contractor.

Who is Eligible?

Broad categories for Medicaid eligibility are:

Age 65 or Over

Blind

Disabled, or

Members of families with a dependent child, or

Qualified pregnant women and children

Foster children and Children in Subsidized Adoption

Medicaid Eligibility Groups

Mandatory Eligibility

Optional Eligibility

Medically Needy

Mandatory Eligibility Groups

The following is a list of the mandatory groups- meaning if there is a Medicaid program, these persons qualifying for the group must be granted Medicaid eligibility.

- Family Medical Assistance Program (FMAP) (families with dependent children)
- Children under age 7 with family income below FMAP limits (Child Medical Assistance Program)
- SSI – Supplemental Security Income (a federal program that provides cash for aged, blind, disabled)
- Pregnant women up to 185% of the FPL until 60 days after end of pregnancy (Iowa covers up to 200% of FPL at its own option)
- Infants < age 1 if mother is eligible or under 200% FPL limit
- Children < age 6 with income under 133% FPL
- Children < age 19 with income under 100% FPL (Iowa covers up to 133% of FPL at its own option)
- Children who are IV–E eligible in foster care and subsidized adoptions
- Certain Medicare members

- Qualified Medicare Members (QMB Program).
 - Specified Low-Income Medicare Members (SLMB).
 - Qualified Disabled and Working Individuals (QDWI)
- Qualified Individuals (QI1)
 - Special protected classes
 - 12 month transitional medical
- Individuals ineligible due to child or spousal support
- Certain former eligible SSI persons

Optional Medicaid Coverage Groups

- Children under age 21 and over age 65 in institutions for mental disease.
- Children age 7 through 20 with family income below the FMAP income limits (Child Medical Assistance Program)
- Subsidized adoption children under age 21
- Pregnant women with presumptive Medicaid eligibility
- Institutionalized individuals meeting SSI disability criteria with income below 300% of the SSI income standard (Currently $\$637 \times 3 = \$1,911$, which changes with the SSI basic benefit)
- Individuals on a Home and Community Based Services (HCBS) waiver who would be eligible if they were institutionalized. They are
 - Ill and Handicapped Waiver
 - Brain Injured Waiver
 - Aids/HIV Waiver
 - MR Waiver
 - Elderly Waiver
 - Children's Mental Health Waiver
 - Physical Disability
- Individuals receiving State Supplementary Assistance
- Individuals eligible for, but not receiving SSI or State Supplementary Assistance
- Individuals eligible for FMAP, SSI or State supplement if not in an institution
- Medicaid for Employed People with Disabilities (MEPD)
- Individuals needing breast or cervical cancer treatment (BCCT) with presumptive Medicaid eligibility
- Individuals needing breast or cervical cancer treatment (BCCT) determined by the Breast and Cervical Cancer Early Detection Program (BCCEDP)
- Medically Needy - having too much income or resources to qualify for mandatory or optional groups.
- Medicaid for Independent Youth Adults for youth age 18-21 who were receiving a foster care maintenance payment on their 18th birthday and left foster care on or after 5-01-2006.
- Iowa Family Planning Network for persons receiving only family planning services.

- Subsidized Guardianship subsidy for children under the age of 18 (or under 19 if the subsidy continues to facility school completion.
- Iowa Care group- a demonstration waiver for persons between the age of 19 and 64 whose payment for services are limited to two hospitals, the four mental Health Institutes, an annual physical, and smoking cessation assistance.
- Medicaid for Kids with special needs effective 1-1-2009. The children must be disabled according to Social Security standards and family income must below 300% of federal poverty level.

When a state chooses the optional group of Medically Needy, the following groups of people must be covered:

pregnant women,
 infants,
 children,

The following groups of people may be covered under Medically Needy at state option:

- caretakers, and
- aged, blind and disabled individuals

There is also a *hawk-i* (Healthy and Well Kids in Iowa) program under Title XXI of the Social Security Act that provides health insurance to children who are over income for Medicaid

Other Requirements.

Federal regulations specify that revisions to Medicaid eligibility requirements for families or children cannot harm anyone who would have been eligible for the Family Investment Program (FIP) under FIP rules in place on July 16, 1996

Federal regulations specify that revisions to Medicaid income and resource limits or methodologies for children cannot be more restrictive than those in place on June 1, 1997. Failure to comply will result in a state losing their entire Title XXI funding.