

Medicaid Coverage Chart

SSI Medicaid: Medicaid coverage for individuals who receive Supplemental Security Income (SSI) benefits.

Adult Extension: Medicaid coverage for individuals ages 19-64 who are not Medicare eligible.

Parents and Caretaker Relatives: Medicaid coverage for parents and caretaker relatives with children under age 18.

Pregnant Women: Medicaid coverage for women throughout the pregnancy and 12 months postpartum.

Children: Medicaid coverage for children up to age 19. Coverage for children in families with incomes up to 156% FPL for children who have other health insurance and up to 206% FPL for children who do not have other health insurance coverage.

Presumptive Eligibility: Immediate, time-limited Medicaid coverage for eligible individuals.

Presumptive Eligibility for Children: Immediate, time-limited Medicaid coverage for children up to age 19.

Presumptive Eligibility for Pregnant Women: Immediate, time-limited Medicaid coverage for ambulatory prenatal care for pregnant women. This does not cover inpatient labor or delivery.

Refugee Medical Assistance (RMA): Time-limited Medicaid coverage for refugees. The program provides a medical screening and other medical services to qualified non-citizens.

Non-Citizen Emergency Medical Assistance (NCEMA): Medicaid coverage for the treatment of emergency medical conditions for certain individuals who meet all Medicaid requirements other than the citizenship requirements. Resources may be required to determine eligibility for NCEMA.

Transitional Medicaid Assistance (TMA): Up to six months of Medicaid and potential for an additional six months of Medicaid coverage with quarterly reporting for families who would otherwise lose coverage because a family member got a new job or is earning more money.

Aged, Blind, or Disabled (ABD): Medicaid coverage for individuals who are at least 65 years old and individuals of any age who are blind or disabled.

Medicaid Buy-In for Workers with Disabilities (MBIWD): Medicaid coverage for working, disabled individuals ages 16 to 64. If income is above a certain amount, individuals may need to pay a premium to get MBIWD.

Medicare Premium Assistance Program (MPAP): Medicaid assistance programs that help pay Medicare costs.

- Qualified Medicare Beneficiary (QMB): Pays Part A and B premiums, deductibles, copay, and coinsurance.
- Specified Low-Income Medicare Beneficiary (SLMB): Pays Part B premiums only.
- Qualifying Individual (QI): Pays Part B premiums only.
- Qualified Disabled and Working Individuals (QDWI): Pays Part A premiums only.

Residential State Supplement (RSS): A supplemental cash payment program for aged, blind, or disabled individuals who meet a protective level of care. RSS helps to pay the costs of living in certain residential care facilities.

Long-Term Care (LTC) or Home and Community-Based Services (HCBS) Waivers: Available for individuals who have special care needs, as determined by a health care provider and meet an intermediate or skilled level of care.

Program for All-Inclusive Care for the Elderly (PACE): A “total care” program run by both Medicare and Medicaid in Cuyahoga County.

Breast and Cervical Cancer Project (BCCP): Medicaid coverage for certain individuals who need treatment for breast or cervical cancer, or breast or cervical pre-cancerous conditions. These individuals must have been screened for the BCCP program by the Ohio Department of Health before applying for BCCP Medicaid.

Children in Care/Former Foster Children: Medicaid coverage for children in the custody of a Public Children Services Agency (PCSA), in receipt of foster care or adoption assistance under Title IV-E, or in receipt of state or federal adoption assistance. The program also covers individuals who aged out of foster care on their 18th birthday, until they turn 26 years old.

Continuous Eligibility for Children: Once found eligible for Medicaid, every child up to age 19 receives 12 months of continuous coverage.