



What Does Medicaid Do?

Table 4.1
Medicaid Eligibility in Texas: 1998

TANF-Related Categories

(dollar amounts = maximum income limit for eligibility: asset cap: \$2000)

TANF (Temporary Assistance to Needy Families) Recipients - single parents and their dependent children.

(\$2,256/year for family of 3)

Adults from two-parent households meeting TANF income criteria in which one spouse is certified as disabled.

(\$2,256/year for family of 3)

Two-parent families (with dependents) if the principal wage earner is unemployed and if all other TANF guidelines are met.

(\$2,256/year for family of 3)

Children up to the age of 6 whose income is less than 133% of the federal poverty level.

(\$18,155/year for family of 3)

Pregnant women and newborns up to age 1 with a household income of less than 185% of federal poverty level. Coverage of pregnant women ends 2 months after delivery.

(\$25,253/year for family of 3)

Children ages 6 to 19 with household income less than 100% of federal poverty level.

(\$13,650/year for family of 3)

Persons who lose TANF eligibility due to higher earned income must be given 12 months of transitional coverage.

(No income limit because of a federal waiver)

Pregnant women and families with children in the categories above whose income is too high to qualify for TANF or Medicaid, but have medical expenses which "spend down" their excess income to below 133% of the state's maximum TANF grant. This is called the "Medically Needy" Program.

(\$3,300/year for a family of 3, with spend-down)

Note: Coverage "up to" a specific age *ends* when that age is reached.

SSI-Related Categories

(asset cap: \$2000 per individual; \$3,000 per couple)

Supplemental Security Income (SSI) Recipients - individuals who are blind, disabled or over age 65 and whose income is less than the maximum SSI federal benefit rate.

(\$494 per month)

Persons residing in Medicaid-approved long-term care facilities whose income is less than 300% of the maximum SSI benefit rate.

(\$1,482 per month)

Several groups of individual denied SSI due to increases in Social Security benefits are protected from losing Medicaid coverage. (Disregards certain cost-of living adjustments (COLAs) for aged and disabled, disabled adult children, widows and widowers.)

(\$494 per month after income disregards)

Special Needs Categories

Certain disabled children who are denied SSI due to parental income or resources may receive home and community based services (must meet criteria for care in an institution (NF/ICF-MR) and be enrolled in a 1915(c) waiver program).

Certain children in the managing conservatorship of the Texas Department of Protective and Regulatory Services.

Limited Coverage Categories

Medicaid must pick up out-of-pocket costs (premiums, deductibles, and coinsurance) of Medicare populations up to 100% of FPL; referred to as "qualified Medicare beneficiaries" (QMBs).

(\$8050/year for individual; asset limit \$4000 for individual)

Coverage of Medicare Part B Premiums only for persons up to 120% of federal poverty level, also referred to as "specified low-income Medicare beneficiaries" (SLMB).

(\$9660/year for individual; asset limit \$4000 for individual)

Working disabled persons with incomes under 200% of federal poverty level have their Medicare Part A (hospital insurance) premium paid by the state Medicaid programs.

(\$16,100/year for individual; asset limit \$4,000 for individual)

Qualifying Individuals (QI) programs implemented in 1998. Clients cannot also be Medicaid-eligible.

QI-1s -Medicaid pays Medicare Part B premium only

(\$10,868/year for individual; asset limit \$4000 for individual)

1998 QI-2s - Medicaid pays a portion of Medicare Part B premium.

(\$14,088/year for individual; asset limit \$4000 for individual)

Certain Aged and Disabled persons not currently Medicaid-eligible may receive community care services designed to prevent need for nursing home care.

(\$1482 per month)

Emergency Services (includes labor and delivery) for undocumented aliens who meet all other criteria for TANF-related or SSI-related Medicaid eligibility group.

Optional Categories

Of the eligible groups listed above, the following are optional categories that Texas covers:

Pregnant Women and Children under age one from 133 - 185% of federal poverty level.

Medically Needy

Children under age 19, born before 10-1-83 with incomes between TANF guidelines and 100% of federal poverty level.

Table 4.2**Services Covered by Texas Medicaid, 1998**

Mandated Services:

ALL state Medicaid programs must pay for certain services to Medicaid recipients, including:

- A program of regular medical and dental check-ups for minors, and treatment of any conditions identified by the Texas Health Steps program.
- Ambulance service
- Family planning
- Federally Qualified Health Centers' (and certain similar organizations) services

- Home health care
- Inpatient and outpatient hospital services
- Kidney Dialysis
- Lab and X-ray services
- Medical transportation (non-emergency)
- Nursing facility care
- Rural Health Clinics
- Services of certified nurse midwives, family and pediatric nurse practitioners
- Physicians
- ICF-MR Dental
- Dentists (when providing physician services)

All optional services must be provided to persons under age 21 if the service is medically necessary. Optional services provided to *adults* in Texas include:

- Birthing center services (limited)
- Case management for people with chronic mental illness, women with high-risk pregnancies and infants, and persons with mental retardation and related conditions
- Certified Registered Nurse Anesthetists' services
- Chiropractic (limited)
- Christian Science Sanitarium services
- Day surgery
- Diagnostic services: assessments of persons with mental retardation
- Emergency medical services
- Hearing aids and related audiologists' services
- Hospice care
- Intermediate care facilities for the mentally retarded
- Maternity Care Clinics (limited)
- Medically needed oral surgery and dentistry (not routine dentistry)
- Optometry and eyeglasses
- Personal care services in the home
- Physical therapy
- Podiatry
- Prescription drugs (three per month in Texas; all drugs for nursing home residents and persons under 21 are covered)
- Psychologist's services (limited)
- Rehabilitation services: limited to chronic mental illness, chronic medical conditions
- Respiratory Care in the home
- Tube Feeding in the home (total parenteral hyperalimentation)
- Home and Community Based Services

Optional Services Texas does *Not* provide for adults:

- Christian Science Nurses
- Clinic services (except for limited maternity care clinic and family planning services)
- Dental Care
- Dentures
- Diagnostic, screening, preventive, and rehabilitative services not specifically described above
- Durable medical equipment such as wheelchairs, walkers and crutches, except when provided by a Medicaid home health agency
- Institutions for Mental Disease, persons over 65

- Occupational, hearing, language, or speech therapy
- Private duty nursing

