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Mandatory Eligibility Groups

States have some discretion in determining which groups their Medicaid programs will cover and the financial criteria for Medicaid eligibility. To be eligible for Federal funds, states are required to provide Medicaid coverage for most people who get Federally assisted income maintenance payments, as well as for related groups not getting cash payments. Some examples of the mandatory Medicaid eligibility groups include the following:

- Limited income families with children, as described in Section 1931 of the Social Security Act, who meet certain of the eligibility requirements in the state's Aid to Families with Dependent Children (AFDC) plan in effect on July 16, 1996;
- Supplemental Security Income (SSI) recipients (or in States using more restrictive criteria-- aged, blind, and disabled individuals who meet criteria which are more restrictive than those of the SSI program and which were in place in the State's approved Medicaid plan as of January 1, 1972);
- Infants born to Medicaid-eligible pregnant women. Medicaid eligibility must continue throughout the first year of life so long as the infant remains in the mother's household and she remains eligible, or would be eligible if she were still pregnant;
- Children under age 6 and pregnant women whose family income is at or below 133% of the Federal poverty level. (The minimum mandatory income level for pregnant women and infants in certain States may be higher than 133% percent, if as of certain dates the State had established a higher percentage for covering those groups.) States are required to extend Medicaid eligibility until age 19 to all children born after September 30, 1983 (or such earlier date as the State may choose) in families with incomes at or below the Federal poverty level. Once eligibility is established, pregnant women remain eligible for Medicaid through the end of the calendar month in which the 60th day after the end of the pregnancy falls, regardless of any change in family income. States are not required to have a resource test for these poverty level related groups. However, any resource test imposed can be no more restrictive than that of the AFDC program for infants and children and the SSI program for pregnant women;
- Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act;
- Certain people with Medicare; and
- Special protected groups who may keep Medicaid for a period of time. Some examples include people who lose SSI payments due to earnings from work or increased Social Security benefits; and families who are provided 6 to 12 months of Medicaid coverage following loss of eligibility under Section 1931 due to earnings, or 4 months of Medicaid coverage following loss of eligibility under Section 1931 due to an increase in child or spousal support.

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