ASAN
AUTISTIC SELF ADVOCACY NETWORK

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SARTAC
Self Advocacy and Beyond

The Special Hope Foundation

Easy Read Edition

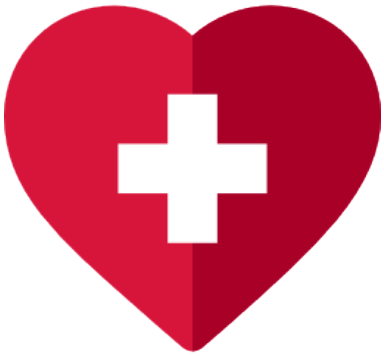
A Self-Advocate's Guide to Medicaid

Part 3: What Does Medicaid Pay For?

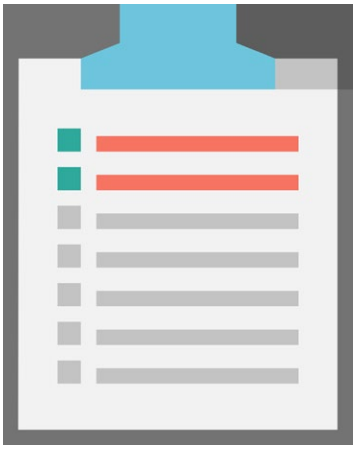
3. What Does Medicaid Pay For?

What services does Medicaid cover?

Medicaid coverage refers to what services are paid for by **Medcaid**. If Medicaid “covers” a service, that means that Medicaid will pay for that service.



Medicaid pays for lots of services that people need.



The federal government made a list of services that every state has to use Medicaid to pay for. These services are called **mandatory benefits**.

These are some of the mandatory benefits that Medicaid has to pay for in every state:

1. Going to the doctor

2. Medical care that has to happen in a hospital, like surgery

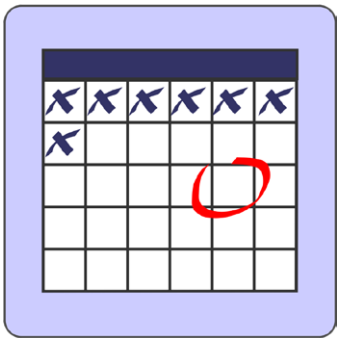
3. Staying overnight in a hospital

4. Family planning services, like birth control

5. Health care for pregnant people, including during birth

6. Home health care (for example, if someone needs a nurse to come to their house)

7. Tests to find out if kids have disabilities



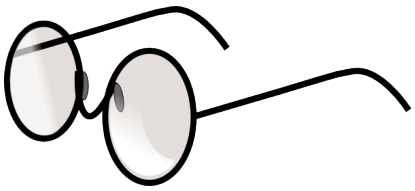
8. Long-term services and supports (We will talk more about long-term services and supports in the next section.)

Many states chose to include more services that Medicaid will pay for, as well as the mandatory benefits.

For example, Medicaid might cover:

- Medicine

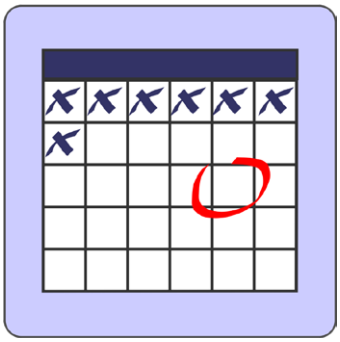
- Physical therapy



- Eyeglasses

- Going to the dentist

What are long-term services and supports?



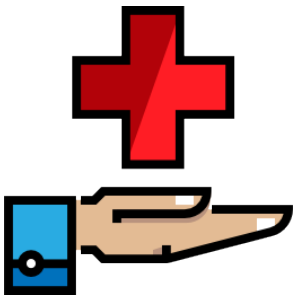
Long-term services and supports are services that help older adults and disabled people live their daily lives.

People use long-term services and supports to help with daily activities. For example, going to the store.

Some examples of long-term services and supports are job coaches, transportation, nursing services, and personal care worker services.

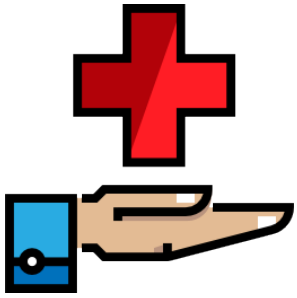
Long-term services and supports can also include things like nursing homes, group homes, and institutions.

Long-term services and supports can be very expensive.



Medicaid pays for most long-term services and supports in the U.S.

Private **health insurance** and Medicare usually do not cover long-term services and supports.



That means that if someone needs long-term services and supports, they usually have to be on Medicaid.

Home and Community-Based Services

Home and community-based services (HCBS) are Medicaid services that people get in the community. People use home and community-based services instead of going into institutions.

Examples of Home and Community-Based Services

- Job coaching

- Someone to help you get dressed, take a shower, or eat

- Transportation to a job or an appointment

- Help around the house with things like cooking and cleaning

- Someone who helps you go places in your community, like the library, school, or the gym

States get to decide how they run home and community-based services in their state Medicaid programs. Home and community-based services work differently in different states.

States mostly give home and community-based services through **Medicaid Waivers**.

The next page will talk more about what Medicaid Waivers are.

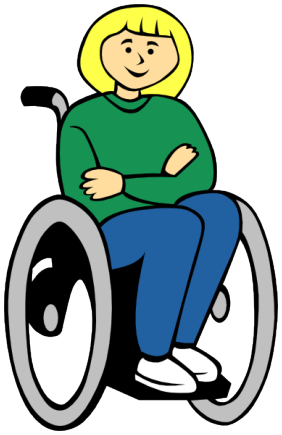
Medicaid Waivers

A Medicaid Waiver is a program that offers services to certain groups of people.

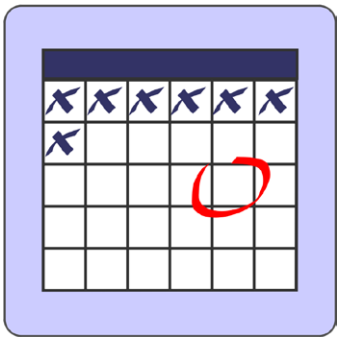
Each state runs its own Medicaid Waiver programs. But, the federal government has to approve these programs.

Most Medicaid Waivers are for:

- older adults

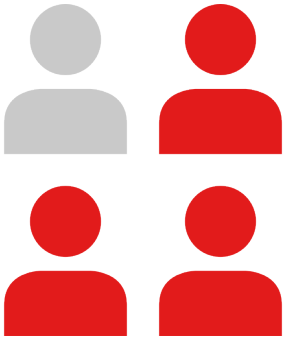


- people with certain disabilities, or

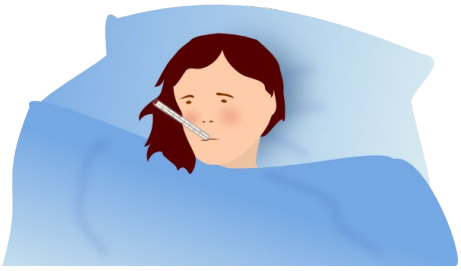


- people with illnesses that last a long time (like HIV/AIDS).

States get to decide what services people can get from their Medicaid Waivers.



States also get to decide what group of people can be in a Medicaid Waiver. This means the state can make a Medicaid Waiver for a specific group. For example:



- people with one kind of illness

- people with a specific disability

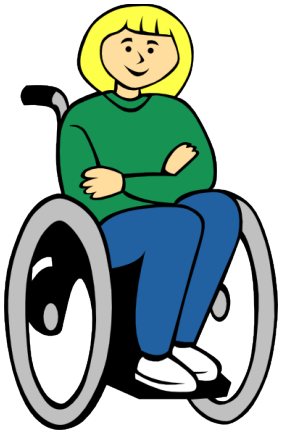
- people in a specific age group.

To get a Medicaid Waiver, people have to show that they need a lot of support in order to live in the community or get the services they need.

Medicaid Waivers are a little different from other Medicaid coverage.

States can't usually have waiting lists for Medicaid coverage. But, states are allowed to have waiting lists for Medicaid Waivers.

That means that some people have to wait a long time before they can get the services they need.



Medicaid Waivers are very important to many people with disabilities.

Many disabled people need long-term supports and services to be able to live independently in their communities.

For many people, Medicaid Waivers are the only way they can pay for the long-term services and supports they need. If these people can't get a Medicaid Waiver, they might need to go into an institution instead.

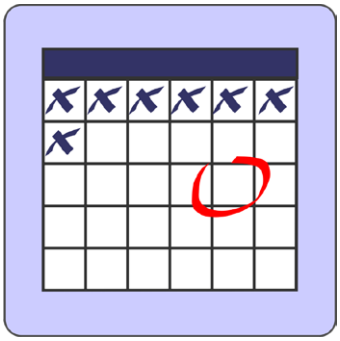
Glossary

health insurance

A program that lets you pay a certain amount of money each month to an insurance company. Then, the insurance company will pay for part of your medical costs.

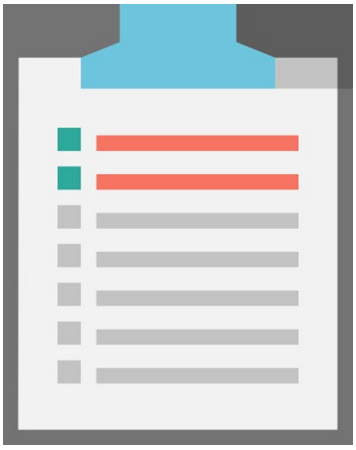
home-and community-based services (HCBS)

A type of service, paid for by Medicaid, that are offered in home and community settings instead of in an institution



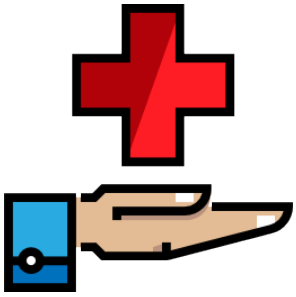
long-term services and supports (LTSS)

Services that help older adults and people with disabilities with day-to-day activities that help them live independently.



mandatory benefit

Services that have to be covered by Medicaid.



Medicaid

A health care program in the United States.

Medicaid coverage

The services that are included in the Medicaid plan or in other words how much is an individual “covered” by the Medicaid plan.

Medicaid Waiver

A state-run Medicaid program that gives HCBS services to certain groups of people.

This publication is supported in part by a cooperative agreement from the Administration on Intellectual and Developmental Disabilities, Administration for Community Living, U.S. Department of Health and Human Services. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration on Intellectual and Developmental Disabilities policy.