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SARTAC
Self Advocacy and Beyond

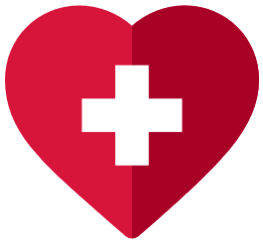
The Special Hope Foundation

Easy Read Edition

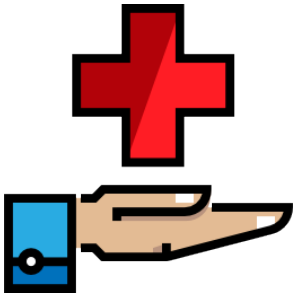
A Self-Advocate's Guide to Medicaid

Part 6: Summary and Glossary

6. Summary



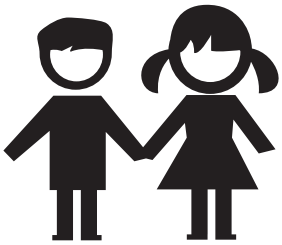
Medicaid is an important part of the U.S. health care system.



Medicaid is the biggest health care program in the country.

Medicaid pays for services that other types of health insurance don't cover.

For example, Medicaid pays for most of the services that help people with disabilities live in the community.



Medicaid covers many people who would not have access to health care without it. This includes children, older adults, and people with disabilities.

Medicaid is a partnership between the U.S. government and state governments.

This partnership is how Medicaid is able to serve so many people.

The federal government and states share the cost of providing Medicaid.

This is an important part of the partnership.

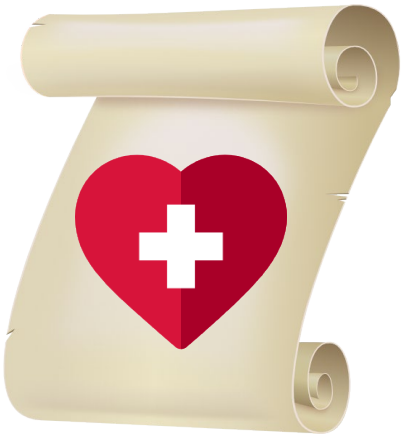
States do not have extra money to spend on surprise costs. The federal government can spend extra money more easily than states can. So the federal government "matches" the money that states spend on Medicaid.

In general, every time a state spends $1 on Medicaid, the federal government gives that state another $1 for their Medicaid program.

That way, states can be sure they are able to cover people who need Medicaid in their state.

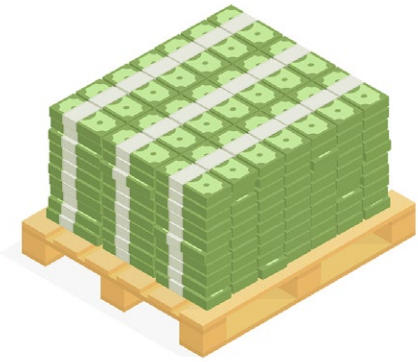
Glossary

Affordable Care Act (ACA)

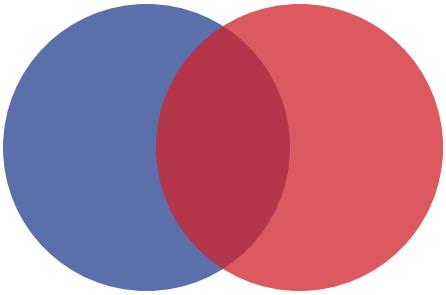


The Patient Protections and Affordable Care Act is a law that was passed in 2010. People call it the Affordable Care Act or the ACA for short. Some people also call it Obamacare, because Barack Obama was the President who helped make the law. The ACA made it easier and fairer for people to get health insurance.

block grant



A set amount of money that the federal government gives to each state to run Medicaid. Block grants are one idea about how to change how Medicaid is paid for.



dual eligible

A person who qualifies for both Medicare and Medicaid.

eligible

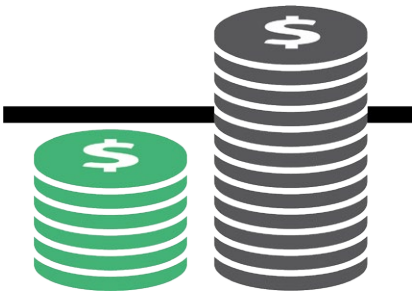
Meeting the requirements to get Medicaid.

federal government

The government that is charge of the entire country and is based in Washington. D.C.

federal matching

The federal government “matches” the money that states spend on Medicaid. In general: Every time a state spends $1 on Medicaid, the federal government gives that state another $1 for their Medicaid program.



federal poverty level (FPL)

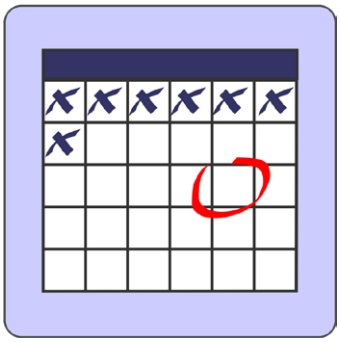
How much money a person can make to be eligible for Medicaid or other government programs.

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.

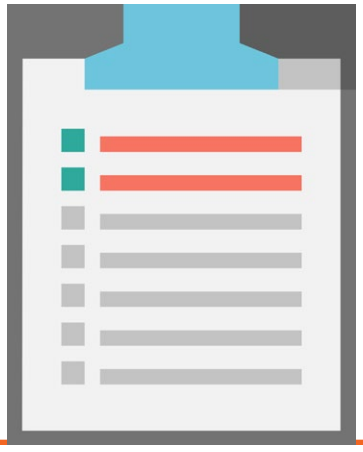
home-and community-based services (HCBS)

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



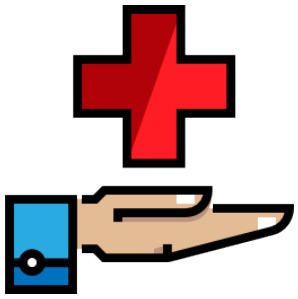
long-term services and supports (LTSS)

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

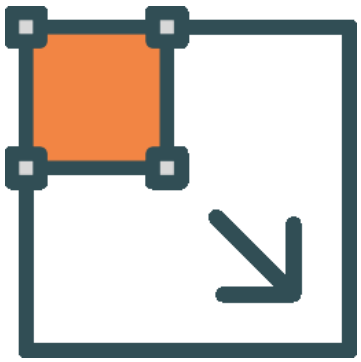
A health care program in the United States.

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 eligibility

Describes whether someone can have Medicaid or not. If a person is eligible, it means they meet the requirements to have Medicaid.



Medicaid expansion

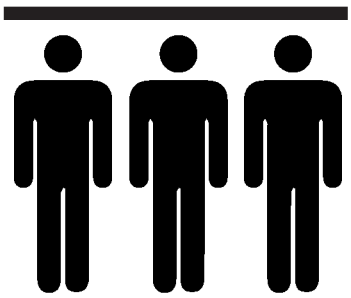
A new part of the Affordable Care Act that allows adults with a low income, whose income is below 138% Federal Poverty Level (FPL).

Medicaid Waiver

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

Medicare

A government run health insurance program in the U.S. Medicare is mostly for older adults (people over 65 years old) and some people under 65 with disabilities.



per capita cap

A “cap” or limit on the amount of money that the federal government pays states for each person who signs up for Medicaid. A per capita cap is one plan to change how Medicaid is paid for.

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.