

## **What is Medicaid?**

Medicaid is the largest source of funding for medical and health-related services for American's lower-income groups. It represents almost one dollar out of every five dollars spent on health care nationally and covers more than half of all spending on long-term care services. Medicaid also covers both health services and other support services for individuals with disabilities. Eligibility is often, but not always, linked to receiving Supplemental Security Income (SSI) benefits or meeting state-specific criteria related to age, disability status, income and sometimes assets. Individuals with disabilities often have complex medical needs and account for a large share of Medicaid spending, especially for Long-term Services and Supports (LTSS).

Medicaid is a partnership program, jointly funded and run by the federal government and individual state governments. This explains why Medicaid coverage – who is eligible, what services are included, and how services are delivered – can vary from state to state.

## **How Medicaid Works: Federal & State Partnership**

### **The Federal Role:**

The Centers for Medicare & Medicaid Services (CMS) administers Medicaid. CMS is an agency within the US Department of Health & Human Services (HHS). For more information, you can go to these websites: [www.cms.gov](http://www.cms.gov) or [www.medicaid.gov](http://www.medicaid.gov).

CMS sets the overarching federal rules and requirements that states must follow to participate in the Medicaid program and receive federal funding. The federal government covers a substantial portion of the funding through a formula, the Federal Medical Assistance Percentage (FMAP). This percentage varies from state to state and is calculated every year based on a state's average per capita income compared to the national average.

Currently, by law, the minimum federal share (FMAP) is 50% but it can range up to 83% for states with lower per capita incomes. With the passage of HR 1, significant federal savings for the Medicaid program are expected but details are not yet available.

CMS also approves the detailed plans that states are required to submit outlining how they will run their programs, as well as requests from states (known as waivers) to operate parts of their programs differently from standard federal rules.

## The State Role

Participation in Medicaid is voluntary, but every state, the District of Columbia, and the US territories currently choose to participate. Within the broad federal guidelines, each state has considerable flexibility to design and administer its own Medicaid program.

States decide:

- Who is eligible.
- What services are covered. States must cover certain mandatory services but can choose from a list of optional services to include in their benefit package.
- How services are delivered. States determine the delivery system, choosing between traditional fee-for-service or various Managed Care models.
- How much providers are paid.

States can also apply for waivers to cover different groups or services than typically allowed under standard rules. This flexibility through state plans and waivers is a core feature of Medicaid, allowing programs to be tailored to state needs but also creating variations in coverage and access that beneficiaries experience across the country.

States contribute significant funding to jointly finance the program with the federal government. They are also responsible for the day-to-day operations, including processing applications, enrolling members, and ensuring program integrity.

## Mandatory & Optional Medicaid Benefits

Federal law requires that all state Medicaid programs provide a specific set of essential health benefits to most eligible enrollees to receive federal funding. These are known as mandatory benefits. Mandatory benefits include hospital care; physician & clinic services; lab & x-ray; long-term services & supports (nursing home care, home health services); child health; family planning & maternity; transportation; substance use disorder treatment; clinical trials.

States have the option to cover a wide range of additional health care services under their Medicaid programs. The most common and significant optional benefits that states may choose to cover include: prescription medications; dental & vision care (adults); therapy services (PT, OT, speech); mental health & substance use disorder services; long-term services & supports (Home and Community-Based Services (HCBS), personal care service, hospice care, intermediate care facility services for individuals with intellectual disabilities (ICF/IID), self-directed personal assistance services (1915(j)); other medical services (ex: podiatry, optometry, respiratory care for ventilator-dependent individuals); devices & equipment; care coordination & management; health-related social needs (housing instability or nutrition insecurity); and others.

Of note for individuals with disabilities, Medicaid is the nation's primary payer for Long-Term Services and Supports (LTSS). The only mandatory LTSS benefits are nursing facility services and home health services. Most other forms of LTSS, especially Home

and Community-based Services (HCBS) that allow individuals to receive care in their homes or communities rather than institutions, are optional benefits. States typically provide HCBS through waivers (like 1915(c) waivers) or other state plan options. Because these are often optional and may operate under waivers, states can sometimes limit the number of people serviced or maintain waiting lists for HCBS programs. This means access to services crucial for remaining in the community is highly dependent on state policy choices and available funding.

## **Finding Your State's Medicaid Information**

Given the significant variations from state to state, the single most important step you can take to understand your specific Medicaid coverage is to consult official resources for your state. Start with the official Federal website, Medicaid.gov. This site serves as a central hub and should contain links or tools to help you find information specific to your state, often through sections labeled "State Overviews" or similar navigational aids. Additionally, you should contact your state agency, responsible for administering its Medicaid program. This agency is the definitive source for information about eligibility, covered benefits, how to apply, and finding providers. State agencies handle the actual administration of the program, including eligibility determinations and enrollment. These websites often contain detailed benefit manuals, provider directories, application portals, and contact information

## **Medicaid Source Information**

The information on Medicaid was compiled in part using a website from govfacts.org. Use the button below to visit the website.

[Your Guide to Medicaid Services: What's Typically Covered? | GovFacts](#)

## **Alternative Medicaid Names by State**

[Medicaid By State: Alternative Names and Contact Information](#)

If you aren't sure whether you or your loved one are receiving services and benefits through Medicaid, it may be because it is not called "Medicaid" in your state. Here is a list of some of the alternative names Medicaid is called in various states.

Alabama: Alabama Medicaid

Alaska: DenaliCare

Arizona: Arizona Health Care Cost Containment System (AHCCCS)

Arkansas: Health Care

California: Medi-Cal

Colorado: Health First Colorado

Connecticut: Husky Health, Husky C (for aged, blind, or disabled persons)

Delaware: Diamond State Health Plan (Plus)

Florida: Statewide Medicaid Managed Care Program (SMMC), Managed Medical Assistance (MMA) Program, Long-Term Care (LTC) Program

Georgia: Georgia Medicaid  
Hawaii: Med-QUEST  
Idaho: Idaho Medicaid Health Plan  
Illinois: Medical Assistance Program, HealthChoice Illinois  
Indiana: Hoosier Healthwise, Hoosier Care Connect, M.E.D. Works, Health Indiana Plan (HIP)  
Iowa: Iowa Medicaid, IA Health Link  
Kansas: Kansas Medical Assistance Program (KMAP), KanCare  
Kentucky: Kentucky Medicaid  
Louisiana: Louisiana Medicaid, Healthy Louisiana (formerly Bayou Health)  
Maine: MaineCare  
Maryland: Medical Assistance  
Massachusetts: MassHealth  
Michigan: Michigan Medicaid  
Minnesota: Medical Assistance (MA)  
Mississippi: Mississippi Coordinated Access Network (MississippiCAN)  
Missouri: MO HealthNet  
Montana: Montana Medicaid  
Nebraska: Nebraska Medical Assistance Program (NMAP)  
Nevada: Nevada Medicaid  
New Hampshire: NH Medicaid, Medical Assistance  
New Jersey: NJ FamilyCare  
New Mexico: Turquoise Care (formerly Centennial Care)  
New York: New York State Medicaid, Medicaid Managed Care  
North Carolina: NC Medicaid  
North Dakota: North Dakota Medicaid  
Ohio: Ohio Medicaid, MyCare Ohio  
Oklahoma: SoonerCare  
Oregon: Oregon Health Plan (OHP)  
Pennsylvania: Medical Assistance (MA)  
Rhode Island: RI Medical Assistance Program  
South Carolina: Healthy Connections  
South Dakota: South Dakota Medicaid  
Tennessee: TennCare  
Texas: STAR+PLUS  
Utah: Utah Medicaid  
Vermont: Green Mountain Care  
Virginia: Cardinal Care  
Washington: Apple Health  
Washington, DC: DC Medicaid  
West Virginia: West Virginia Medicaid  
Wisconsin: Forward Health  
Wyoming: Wyoming Medicaid, Equality Care