
AGED, BLIND, AND DISABLED, INTRODUCTION TO MEDICAID

MA-400 INTRODUCTION TO MEDICAID

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I. INTRODUCTION TO MEDICAID

Title XIX of the Social Security Act requires states to establish Medicaid programs to provide medical assistance to low income individuals and families. Within broad federal rules, each state decides eligible coverage groups, eligibility criteria, covered services, payment levels, and administrative and operating procedures.

II. BACKGROUND

In North Carolina, the Medicaid program is administered by the Division of Health Benefits (DHB) on behalf of the Department of Health and Human Services (DHHS) as the single-state agency.

Eligibility for Medicaid is determined by the county departments of social services/**human services agencies**/(dss) and the Social Security Administration (SSA) for Supplemental Security Income (SSI) beneficiaries. It is jointly financed with federal, state, and county funds.

The Social Security Act mandates certain groups of individuals who must be covered by Medicaid. The mandatory groups include individuals who receive or are deemed to be receiving Supplemental Security income (SSI). In addition, the state is mandated to cover certain Medicare beneficiaries, pregnant women, caretakers and children.

The Act also describes optional groups the state may elect to cover. Two of the optional groups North Carolina covers are individuals described as Medically Needy and individuals who receive Special Assistance.

III. REQUIREMENTS

In order to receive Medicaid, individuals must meet the requirements under a specific categorical group covered by North Carolina. In addition, financial and non-financial criteria for each group must be met.

This Manual describes the groups North Carolina covers under its Aged, Blind, and Disabled (ABD) program. It also provides instructions for determining eligibility for Medicaid for all non-SSI aged, blind, and disabled individuals. Refer to [DMA-5179](#), MAABD Eligibility Overview Chart, for the ABD group eligibility information.

Refer to the Family and Children's Medicaid Manual or the State/County Special Assistance Manual to determine eligibility for individuals or families who receive Medicaid under another program.