

# Screening for Eligibility in Medicaid and the State Children's Health Insurance Program (SCHIP)

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## Introduction

Under federal law and regulations, states are required to provide Medicaid to some groups of people, and they have the option to provide coverage to other groups of people. Generally, coverage is available to low-income seniors, adults with disabilities, children, and parents of dependent children. Each person or family must meet income and resource (also called asset) tests, which vary from state to state. The income and resource tests also differ for each group of people: In most states, for example, income guidelines for children are more generous than income guidelines for their parents. States also have options about the coverage they offer children under the federally created State Children's Health Insurance Program (SCHIP).

States submit Medicaid plans and SCHIP plans to the Centers for Medicare and Medicaid Services (CMS), U.S. Department of Health and Human Services. These plans show what options they have taken under federal rules regarding eligibility and benefits. Some states have received "waivers" from the federal government, allowing them to depart from federal eligibility rules in order to extend coverage to some people, such as non-disabled adults without children. Waiver documents show the agreements that CMS and a state have reached regarding coverage rules for the population under a waiver. The screening questions listed below are intended as a reference to help you determine whether someone may qualify for Medicaid or SCHIP coverage. Information about where to find federal and state-specific information is included in each question. You can also use the screening questions and the reference material about your state to create a state-specific screening tool.