

**Am I Eligible?**

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**AM I ELIGIBLE?**

Medicaid eligibility is determined by several factors and can be complicated. There are many categories of eligibility and several different Medicaid programs. Please review all of the eligibility information, and if you think you may be eligible, the best thing to do is apply. While different Medicaid programs have different eligibility criteria, in general four main criteria are used to determine eligibility.

- **Income/Family Size:** Both earned (wages from a job) and unearned income (Social Security Disability payments). Income limits are adjusted to account for the number of people in your family. Most programs are based on income that is counted for tax purposes, with some exceptions. These income limits include income before taxes and not take-home pay.
- **Age:** Eligibility criteria can be based on age. Certain programs are designed for people in specific age groups.
- **Resources/Assets:** Certain things you have are taken into consideration when determining eligibility. Different programs count different resources/assets. Resources/assets are not counted for the following groups: children, adults under the Healthy Indiana Plan, pregnant women, family planning services only, and former foster children.
- **Medical Needs:** Specific medical needs may determine your eligibility, and they may also determine which program can best serve your needs. Some programs are designed to meet the medical needs of a targeted group.

**WHAT PROGRAM MIGHT BE RIGHT FOR ME?**

The following list of Medicaid programs can give you an idea of which program might be right for you. You can also go to the [Eligibility Guide](#) to get detailed information on eligibility criteria.

**Hoosier Healthwise**

Hoosier Healthwise is Indiana's health care program for children and pregnant women. There are several different program packages under Hoosier Healthwise that are tailored for specific groups of people.

\*If you are a pregnant woman, you may be able to get coverage immediately under a process called [Presumptive Eligibility for Pregnant Women](#). This will allow you to receive important prenatal care while your Medicaid application is being processed.

**Hoosier Care Connect**

Hoosier Care Connect is a health care program for individuals who are aged 65 years and older, blind, or disabled and who are also not eligible for Medicare. In Hoosier Care Connect, you select a health plan that works with you and your doctor to understand your health care needs. These health plans will make sure that you get the most appropriate care based upon your individualized needs.

Hoosier Care Connect covers a variety of individuals who are not eligible for Medicare, including:

- Aged individuals;
- Blind individuals;
- Disabled individuals;
- Individuals receiving Supplemental Security Income (SSI); and
- Individuals enrolled through M.E.D. Works.

**Healthy Indiana Plan (HIP)**[Contact Us](#)[Apply Now for Medicaid](#)[Check Application Status](#)[Choose Your Health Plan](#)[Search for Provider](#)[Healthy Tips & Prevention](#)[Pharmacy](#)
**ELIGIBILITY  
GUIDE IS  
AVAILABLE** ▶
**DID YOU  
KNOW?**

The Indiana Medicaid Program provides medical care to nearly 1,000,000 Hoosiers.

[OMPP Data Resources](#)

The Healthy Indiana Plan (HIP) covers adults age 19-64 whose incomes are less than approximately 138% of the federal poverty level and who are not eligible for Medicare or another Indiana Medicaid category. HIP requires you to make a minimal monthly contribution to your coverage based on the amount of your income. For more information about the Healthy Indiana Plan, click [here](#).

### Traditional Medicaid

Traditional Medicaid is a low-income health care program that offers coverage for medical services, such as doctor visits, prescribed drugs, dental and vision care, family planning, mental health care, surgeries, and hospitalizations. The Traditional Medicaid program is for individuals who have both Medicaid and Medicare, for individuals who are residing in long-term care facilities, receiving home and community-based waiver services, or are refugees.

### Waiver

Waiver services are for individuals of any age who have special medical needs. Waiver services allow members to live in a community setting and avoid institutional placement. To be eligible for any waiver program, you must meet both Medicaid guidelines and waiver eligibility guidelines. Indiana offers five waiver programs that target specific groups: the Aged and Disabled Waiver, the Traumatic Brain Injury Waiver, the Community Integration and Habilitation Waiver, the Family Supports Waiver, and the Psychiatric Residential Treatment Facility Transition Waiver.

### M.E.D. Works

M.E.D. Works is Medicaid for Employees with Disabilities. Many disabled people feel that they may be able to return to work but are fearful of losing their Medicaid benefits. M.E.D. Works is a program designed to allow disabled employees to work without fear of losing their Medicaid. M.E.D. Works offers the same coverage levels as regular Medicaid. There may be small monthly premiums based on the amount of money a worker earns. If you are receiving SSDI and no cash benefits and feel that you may be able to return to work, M.E.D. Works may be the program that would be best for you.

### Family Planning Eligibility Program

The Family Planning Eligibility Program is a program allowing men and women the ability to receive certain family planning services. The Family Planning Eligibility Program provides services and supplies to men and women for the primary purpose of preventing or delaying pregnancy.

### 1915(I) Home and Community-Based Programs

Indiana Medicaid has three programs for individuals with serious mental illness, emotional disturbance, and substance use disorders that help them remain in the community. These programs are the Child's Mental Health Wraparound (CMHW), the Behavioral & Primary Healthcare Coordination (BPHC), and the Adult Mental Health and Habilitation (AMHH) programs.

### Federal Health Insurance Marketplace

If your income is too high to qualify for Indiana Medicaid, you may be eligible for subsidized health coverage through the federal Health Insurance Marketplace, found online at [www.healthcare.gov](http://www.healthcare.gov). Depending on your income and family size, you may qualify for a tax credit that can help you pay the cost of your health insurance.

Go to [www.IN.gov/healthcarereform](http://www.IN.gov/healthcarereform) to find a self screening tool that will help you determine if the Health Insurance Marketplace is the most likely place for you to qualify for health coverage programs.

### HOW DO I APPLY?

The Division of Family Resources (DFR) is the group that determines eligibility for all Indiana Social Services Programs. The DFR will assist you in determining which programs are right for you and your family. You can learn more about the application process by going to [Apply for Medicaid](#).