### MEDICAID ELIGIBILITY

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| S-ABD, SSI cases         | Full Medicaid coverage only if a Medicaid application is submitted | • Beneficiaries receiving Supplemental Security Income (SSI) - Federal cash assistance program for the aged, blind, and disabled, are automatically entitled to Medicaid. No separate application or Medicaid determination is required.  
• Beneficiaries receiving State/County Special Assistance (SA) - program for aged and disabled individuals who are primarily in adult care facilities- includes Medicaid eligibility.  
• Beneficiaries receiving Special Assistance In-Home- the individual must be determined Medicaid categorically needy eligible. |                    |                                    | 2X SSI Limits 1 - $4,000 2 - $6,000 | NO                      |

| Aged MAA                 | Full Medicaid Coverage                        | Age 65 or older               | Spouse’s income and resources if live together | 100% of Poverty Level 1 - $990 2 - $1,335 | SSI Limits 1 - $2,000 2 - $3,000 | YES                   |
| Blind MAB                | Full Medicaid Coverage                        | Blind by Social Security Standards | Spouse’s income and resources if live together. Parents' income and resources if under age 18 and live with parents. | 100% of Poverty Level 1 - $990 2 - $1,335 | SSI Limits 1 - $2,000 2 - $3,000 | YES                   |
| Disabled MAD             | Full Medicaid Coverage                        | Disabled by Social Security Standards | Spouse’s income and resources if live together. Parents' income and resources if under age 18 and live with parents. | 100% of Poverty Level 1 - $990 2 - $1,335 | SSI Limits 1 - $2,000 2 - $3,000 | YES                   |
| Health Care for Working Disabled (HCWD) MAD | Full Medicaid Coverage | * See Footnote | Spouse’s income and resources if live together. Parents' income and resources if under age 18 and live with parents. | 150% of Poverty Level 1 - $1,485 2 - $2,003 | Min. CSRP limit $23,844 | NO                     |
| Qualified Medicare Beneficiaries MQB-Q | Payment of Medicare premiums and deductible co-insurance charges for Medicare covered services | Entitled to Medicare Parts A & B | Spouse’s income and resources if live together. Parents' income and resources if under age 18 and live with parents. | 100% of Poverty Level 1 - $990 2 - $1,335 | 1 - $7,280 2 - $10,930 | NO                     |
| Specified Low Income Medicare Beneficiaries MQB-B | Payment of Medicare Part B premium | Entitled to free Medicare Part A | Spouse’s income and resources if live together. Parents' income and resources if under age 18 and live with parents. | 120% of Poverty Level 1 - $1,188 2 - $1,602 | 1 - $7,280 2 - $10,930 | NO                     |
| Qualifying Individual MQB-E | Payment of Medicare Part B Premiums | Entitled to free Medicare Part A | Spouse’s income and resources if live together. Parents' income and resources if under age 18 and live with parents. | 135% of Poverty Level 1 - $1,337 2 - $1,803 | 1 - $7,280 2 - $10,930 | NO                     |
| Working Disabled MWD     | Payment of Medicare Part A premiums           | Lost entitlement to free Medicare A due to earnings but still has disabling impairment. | Spouse’s income and resources if live together. Parents' income and resources if under age 18 and live with parents. | 200% of Poverty Level 1 - $1,980 2 - $2,670 | 2X SSI Limits 1 - $4,000 2 - $6,000 | NO                     |

### SPECIAL PROVISIONS

- **Protection of income for spouse at home:** When an individual is in a nursing facility and has a spouse living at home, a portion of the income of the spouse in the facility may be protected to bring the income of the spouse at home up to a level specified by federal law. Currently, that amount is $2,003/mo and can be as much as $2,981 depending upon the home spouse’s cost for housing. The amount protected for the at-home spouse is not counted in determining the eligibility of the spouse in the nursing facility.

- **Protection of resources for spouse at home:** Additionally, the countable resources of the couple are combined and a portion is protected for the spouse at home. That portion is ½ the total value of the countable resources, but currently not less than $23,844 or more than $119,220. The amount protected for the at-home spouse is not countable in determining the eligibility of the spouse in the facility.

- **Transfer of resources:** When a person gives away resources and does not receive compensation with a value at least equal to that of the resources given away, he may be penalized. Medicaid will not pay for care in a nursing facility or care provided under the Community Alternative Program (CAP) or other in-home health services & supplies for a period of time that depends on the value of the transferred resource.

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* For Basic Coverage, the beneficiary does not have to meet the Social Security SGA requirement to be disabled. For Medically Improved coverage, the beneficiary does not have to meet the Social Security medical requirements for disability.
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| Families & Children MAF | Full Medicaid coverage | Parents/Caretaker relatives must be living with and caring for a child to whom they are related who is under age 19. Children must be under age 21. | MAGI Methodology. | 1 - $434  
2 - $569  
3 - $667  
4 - $744  
5 - $824 | $3,000 | YES | If income exceeds income limit and the indicator is “yes” the individual or family may be able to be eligible for Medicaid if they can meet a deductible Medicaid Deductible: When an individual/family is ineligible for Medicaid due to income over the income limit, they may become eligible by meeting a Medicaid deductible. The deductible is determined by subtracting the Medically Needy Income Limit (MNIL) (see limits below) from the countable monthly income to determine the monthly excess income. Medicaid deductibles are generally determined for 6 months, so the monthly excess income is multiplied by 6 to determine the 6-mo. deductible. Once medical bills for which they are responsible totaling the amount of the deductible are incurred, they are authorized for the rest of the 6-mo. period. Medicaid cannot pay for any of the bills applied to the deductible. |
| Pregnant Women MPW | Coverage is limited to treatment for conditions that affect the pregnancy. | A self-attestation of pregnancy and due date can be accepted as proof of pregnancy unless the county has information that contradicts the attestation | MAGI Methodology | 196% of Poverty Level  
1 - $1,941  
2 - $2,617  
3 - $3,293  
4 - $3,969  
5 - $4,646 | NO | NO | When determining the family size for the pregnant woman the unborn child is included. For example the family size for a single pregnant woman would be 2. |
| Children under age 6 MIC | Full Medicaid Coverage | Must be under age 6. | MAGI Methodology | 210% of Poverty Level  
1 - $2,079  
2 - $2,804  
3 - $3,528  
4 - $4,253  
5 - $4,977 | NO | NO |  |
| Children age 6 thru 18 MIC | Full Medicaid Coverage | Must be age 6 thru age 18 | MAGI Methodology | 133% of Poverty Level  
1 - $1,317  
2 - $1,776  
3 - $2,235  
4 - $2,694  
5 - $3,153 | NO | NO |  |
| Title IV-E Children IAS | Full Medicaid Coverage | Be an Title IV-E adoptive or foster child | Medicaid eligibility is automatic. There is no income or resource determination. |  | NO |  |
| State Foster Care Children (HSF) | Full Medicaid Coverage | If not eligible for HSF, then evaluate for other children's programs. |  |  | NO |  |
| Expanded Foster Care HSF, IAS | Full Medicaid Coverage | Be 18-20 and had been a Title IV-E or State foster child on 18th birthday | There is no income determination |  | None | NO |  |

Adoptive Parents income of special needs children adopted under state adoption agreements is not counted when determining Medicaid eligibility.

Resource limit: All deductible cases have a resource limit: $3000 for families and children and $2,000 (1) and $3000 (2) for aged, blind and disabled.

MNIL:

1 - $242  
2 - $317  
3 - $367  
4 - $400  
5 - $433
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MFC-Medicaid for Former Foster Care | Full Medicaid Coverage | Be age 18-25 and was in NC foster care prior to age 18 and enrolled in NC Medicaid | There is no income determination | None | NO | NO | Updated 07/16
Breast & Cervical Cancer Medicaid MAF-W | Full Medicaid Coverage | Must be a woman aged 18 to 64 who has been screened and enrolled in the NC Breast & Cervical Cancer control Program and is otherwise ineligible for Medicaid. | There is no income determination. | NO | NO | NO | To be eligible under the Breast and Cervical cancer Medicaid program, the woman cannot have any type of medical insurance including Medicare
Family Planning MAF-D | Family Planning exams & services. Screening & treatment for STI. Screenings for HIV. Sterilizations. | NO AGE LIMIT | MAGI Methodology | 195% of Poverty Level 1 - $1,931 2 - $2,604 3 - $3,276 4 - $3,949 5 - $4,622 | NO | NO | NO | If a beneficiaries income increases to more than 195%, he/she will be ineligible for family planning coverage
NC Health Choice (NCHC) | Medicaid-equivalent coverage with four exceptions: no long-term care, no EPSDT, no non-emergency medical transportation, and restricted dental. | Be age 6 through 18, ineligible for Medicaid, Medicare, or other federal government-sponsored health insurance, be uninsured, a NC resident | MAGI Methodology | 211% of Poverty Level 1 - $2,089 2 - $2,817 3 - $3,545 4 - $4,273 5 - $5,001 | NO | NO | NO | Beneficiaries with household income over 159% of poverty level must pay enrollment fee. 1 - $1,575.01 2 - $2,123.01 3 - $2,672.01 4 - $3,220.01 5 - $3,769.01

**This chart addresses benefits and basic eligibility requirements. Other requirements (such as citizenship/alien status, incarceration, & state residence) which can also affect eligibility or the level of benefits are not reflected on this chart.**