

Medicaid Eligibility

For an application form, contact your local county DHS office or call 1-800-482-8988.

Aged, Blind and Disabled Categories (AABD)

Program	Income Limit		Income Disregards	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements
	Individual	Couple					
<p>SSI DHS does not determine eligibility for this category. Individuals who qualify for SSI automatically receive Medicaid.</p>	\$733	\$1,100	<p>\$20 General exclusion applied to unearned income first</p> <p>\$65.00 + ½ of remainder of monthly earned income.</p>	<p>Individual \$2000 Couple \$3000</p>	<ul style="list-style-type: none"> • A home • 1 car excluded if under \$4500, if over \$4500, excluded if used for getting to doctor or work or is disability equipped. 2nd car excluded if used for self-employment in a trade or business. • Some non-home income producing properties • Life insurance without a cash surrender value • Burial spaces • Irrevocable burial arrangements 	<ul style="list-style-type: none"> • Cash on hand and in bank (less income received that month) • Stocks and bonds • Real property other than the home • Personal property • Life insurance with a cash surrender value if face value is over \$1500 • Revocable burial funds (less \$1500 exclusion per spouse if \$1500 exclusion is not used through application of other burial arrangements) 	<ul style="list-style-type: none"> • Elderly, blind or disabled. Elderly is defined as age 65 or older • SSI recipient
<p>AABD Adult Spend Down</p>	\$108.33 If income exceeds limit, deduct medical bills	\$216.66 If income exceeds limit, deduct medical bills	Same as SSI	Same as SSI	Same as SSI	Same as SSI	<ul style="list-style-type: none"> • Must re-enroll for spend down every three months. The Spend Down will be set up for a fixed period of time, not to exceed 3 months.
<p>Pickle (COLA)</p>	\$733	\$1,100	<p>Same as SSI</p> <p>Deduct all COLAs received since loss of SSI</p>	<p>Individual \$2000 Couple \$3000</p>	Same as SSI	Same as SSI	<ul style="list-style-type: none"> • Current recipient of SSA • Previously entitled to SSA and SSI concurrently • Lost SSI for any reason and would be SSI eligible with deductions of all COLAs received since loss of SSI
<p>Disabled Adult Child (DAC)</p>	\$733	\$1,100	<p>Same as SSI</p> <p>Deduct DAC entitlement or increase that made them SSI ineligible</p>	<p>Individual \$2000 Couple \$3000</p>	Same as SSI	Same as SSI	<ul style="list-style-type: none"> • Age 18 or older • Became disabled or blind before age 22 • Lost SSI due to DAC entitlement or DAC increase
<p>Widows or Widowers (OBRA '87)</p>	\$733	\$1,100	<p>Same as SSI</p> <p>Deduct all SSA income</p>	<p>Individual \$2000 Couple \$3000</p>	Same as SSI	Same as SSI	<ul style="list-style-type: none"> • Under age 65 as of 4/1/88 • Not entitled to Medicare • Lost SSI due to entitlement of SSA Widows/Widowers benefits

Program	Income Limit		Income Disregards	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements
	Individual	Couple					
Long Term Services & Supports, Assisted Living, ARChoices & DDS Waiver	\$2,199 (All applicants are treated as individuals for income purposes)		Income of spouse and children not counted.	Individual \$2000 Couple \$3000	Same as SSI, except when one spouse is institutionalized, the other may be able to keep a portion of the resources up to \$119,220 based on a formula.	Same as SSI	<ul style="list-style-type: none"> • Functional eligibility • Categorical eligibility • Institutional status • Cost effective • Level of Care assessment
Medicare Savings Beneficiaries ARSeniors (Provides Full Medicaid) QMB (Pays Part B premiums, deductibles & copays) SMB (Pays Part B premium) QI-1 (Pays Part B premium)	\$784.66 \$980.83 \$1,177.00 \$1,324.13	\$1062.00 \$1,327.50 \$1,593.00 \$1,792.13	Same as SSI	Individual \$7,280 Couple \$10,930	Same as SSI	Same as SSI	<ul style="list-style-type: none"> • Medicare beneficiary • Age 65 or older, blind or disabled • ARSeniors is only for individuals age 65 or older
PACE	\$2,199 (All applicants are treated as individuals for income purposes)		Income of spouse and children not counted.	Individual \$2000 Couple \$3000	Same as SSI, except when one spouse is institutionalized, the other may be able to keep a portion of the resources up to \$119,220 based on a formula.	Same as SSI	<ul style="list-style-type: none"> • 55 years old or older • Live in PACE area • Medical criteria • Cost of care contribution
Workers with Disabilities	No earned income limit. Unearned income must be at or under the SSI individual limit. Total income will be used to determine cost sharing amount.		N/A	No Resource Limit	N/A	N/A	<ul style="list-style-type: none"> • Meet disability criteria • Eligible for SSI except for earned income • Working (as defined in policy)
TEFRA	\$2,199 (Only child's income is counted)		N/A	\$2000 (Only child's resources are counted)	Same as SSI	Same as SSI	<ul style="list-style-type: none"> • Medical necessity • Children who would otherwise be institutionalized • Custodial parents with taxable income at or above the 150% of the FPL or over \$25,000 in annual income, whichever is more, must pay a premium based on income
Autism	\$2,199 (Only child's income is counted)		N/A	\$2000 (Only child's resources are counted)	Same as SSI	Same as SSI	<ul style="list-style-type: none"> • Medical necessity • Autism diagnosis • Disability determination • Age requirement

Quick Reference - Medicaid Eligibility

Family and Individuals Medicaid Categories (MAGI)

Program	Income Limit	Earned Income Deductions	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements
ARKids A	142% of FPL Family Size Income 1 \$1392.78 2 \$1885.05 3 \$2377.32 4 \$2869.58 5 \$3361.85 Add \$492.27 for each additional member	Additional 5% Income Disregard if child has insurance: 147% of FPL Family Size Income 1 \$1441.82 2 \$1951.43 3 \$2461.03 4 \$2970.62 5 \$3480.23 Add \$509.60 for each additional member	No Resource Limit	N/A	N/A	<ul style="list-style-type: none"> • Children under age 19 • Relationship/Living arrangement criteria • Eligible for additional 5% Income Disregard if needed for eligibility and child has insurance
ARKids B Limited benefit package Co-pays required	211% of FPL Family Size Income 1 \$2069.55 2 \$2801.03 3 \$3532.50 4 \$4263.95 5 \$4995.43 Add \$731.47 for each additional member	Additional 5% Income Disregard if needed: 216% of FPL Family Size Income 1 \$2118.59 2 \$2867.40 3 \$3616.21 4 \$4364.99 5 \$5113.80 Add \$748.81 for each additional member	No Resource Limit	N/A	N/A	<ul style="list-style-type: none"> • Children under age 19 • Children are not eligible if they currently have or have had group or employer-sponsored health insurance within the past 3 months, unless insurance lost involuntarily • Relationship/Living arrangement criteria • Eligible for additional 5% Income Disregard if needed for eligibility
Limited Pregnant Women (SOBRA)	209% of FPL Family Size Income 2 \$2774.48 3 \$3499.02 4 \$4223.53 5 \$4948.08 The number of unborn child(ren) are counted in the family size.	Additional 5% Income Disregard if needed: 214% of FPL Family Size Income 2 \$2840.85 3 \$3582.72 4 \$4324.58 5 \$5066.45 Add \$741.87 for each additional member	No Resource Limit	N/A	N/A	<ul style="list-style-type: none"> • Pregnant • Prenatal, delivery, postpartum and medical conditions that could complicate pregnancy only. Coverage ceases at the end of the month that the 60th day of postpartum falls. • Number of expected babies is included in household size
Full Pregnant Women	Family Size Income 2 \$220.00 3 \$276.00 4 \$334.00 5 \$388.00	No Income Disregards	No Resource Limit	N/A	N/A	<ul style="list-style-type: none"> • Pregnant • Full Medicaid coverage • Number of expected babies is included in household size

Program	Income Limit	Income Disregards	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements	
Parent/Caretaker Relative	<u>Family Size</u> <u>Income</u>	No Income Disregards	No Resource Limit	N/A	N/A	<ul style="list-style-type: none"> • Must be a child under age 18 in the home • Deprivation does not have to exist 	
	1 \$124.00						
	2 \$220.00						
	3 \$276.00						
	4 \$334.00						
	5 \$388.00						
	6 \$448.00						
	7 \$505.00						
	8 \$561.00						
	9> \$618.00						
Health Care Independence Program	133% of FPL	Additional 5% Income Disregard if needed: 138% of FPL	N/A	N/A	N/A	<ul style="list-style-type: none"> • Must be between ages 19 - 64 • Cannot be pregnant • Not eligible for or enrolled in Medicare • Cannot be eligible for Parent/Caretaker Relative • Eligible for additional 5% Income Disregard if needed for eligibility 	
	<u>Family Size</u> <u>Income</u>	<u>Family Size</u> <u>Income</u>					
	1 \$1304.51	1 \$1353.55					
	2 \$1765.58	2 \$1831.95					
	3 \$2226.64	3 \$2310.35					
	4 \$2687.71	4 \$2788.75					
	5 \$3148.78	5 \$3267.15					
	Add \$461.07 for each additional member						Add \$478.40 for each additional member
Former Foster Care	No Income Limit	N/A	No Resource Limit	N/A	N/A	<ul style="list-style-type: none"> • Must have aged out of the Arkansas Foster Care Program between the ages of 18 through 21 	
NON-MAGI Families Spend Down (a) Pregnant Women (b) Under-18 (U-18) (c) Unemployed Parent (d) AFDC	<u>Family Size</u> <u>Income</u>	Deduct \$90 for work related expenses. Deduct actual childcare expenses up to \$200 a month for a child under age 2 or \$175 a month for a child age 2 or older.	<u>Family Size</u>	<ul style="list-style-type: none"> • A home • Household and personal goods • Student loans and grants • Other bona fide loans • One burial plot per family member 	<ul style="list-style-type: none"> • Cash on hand or in the bank (less income received that month) • Stocks and bonds • Accessible trust funds • Cash surrender value of life insurance policies • U.S. Savings Bonds • Other personal property • Equity value in excess of \$1500 is counted for one car: Full equity value is counted for additional cars 	<ul style="list-style-type: none"> (a) Pregnant Women only (b) Under-18: Children under 18 years only (c) Deprivation due to unemployment of parent (d) Deprivation due to absence, death or disability of parent 	
	1 \$108.33		1 \$2000				
	2 \$216.66		2 \$3000				
	3 \$275.00		3 \$3100				
	4 \$333.33		4 \$3200				
	Add \$58.33 for each additional member		Add \$100 for each additional person				
	Deduct outstanding medical bills if income exceeds limit for household size						

* This is a brief summary of eligibility requirements. Other factors will also enter into determining your eligibility for a program. Unless otherwise noted, all categories receive "full" Medicaid. Benefit packages are defined by the Department of Human Services, Division of Medical Services. This information was current at the time this summary was prepared but changes may have been made subsequently due to federal regulations, state laws, court decisions or other factors. DHS cannot be bound by any information in this reference chart that conflicts with current policy or program requirements.

Arkansas' complete Medicaid Policy can be found at: <https://ardhs.sharepoint.com/sites/DHSPolicy/DCOPublishedPolicy/Forms/MedicalServices.aspx>

Additional information is available at: <http://www.medicaid.state.ar.us/>