

Medicaid Eligibility

Fiscal Research Division March 22, 2006



Medicaid Eligibility Two Determining Factors

- Individual or family must meet the criteria for one of the categories of eligibility such as being a child, a pregnant woman, aged, or disabled.
- Individual or family must also meet the income and asset requirements that apply for each category of eligibility.



Medicaid Eligibility Mandatory and Optional Groups

- Under federal law, all states operating a Medicaid Program are required to serve specific categories of eligibility. These categories are mandatory and must be served in order to receive federal reimbursement.
- Current federal law also allows federal reimbursement for categories of eligibility that are discretionary. Each state is allowed to choose which optional categories of eligibility it want to serve.

Medicaid Eligibility Mandatory Eligibility

- Low Income Families and Children (Based on AFDC State Plan as of July 16, 1996)
- Aged Blind and Disabled SSI Recipients
- Pregnant Women (To 185% of FPL)*
- Infants born to Medicaid Eligible Women (To 185% of FPL)
- Children under age 6 (to 200% of FPL)*

- Children age 6 to 18 (to 100% of FPL)
- Foster Care Children and Adoptive Children under Title IV-E
- Certain Medicare Recipients
 - Dual eligibles
 - Qualified Medicare Beneficiaries
 - Specified Low-Income Medicare Beneficiaries
 - Qualified Disabled and Working Individuals

^{*}Mandate is related to receipt of funding for the NC Health Choice Program.



- Children age 19 and 20 meeting AFDC income standards
- Special Needs Adoptive Children
- Recipients of State/County Special Assistance
- Recipients of State Assistance to the Blind
- Individuals receiving care under home and community—based waivers
- Aged, Blind, and Disabled persons presumed eligible for but not receiving SSI
- Aged, Blind, and Disabled persons with non-SSI income (to 100% of the FPL)
- Medically Needy
- Women with Breast and Cervical Cancer (To 185% of FPL)
- Family Planning Waiver for Women and Men age 19-55/60 (To 185% of FPL)

Financial Eligibility For Medicaid Based on Percentage of Poverty Effective April 1, 2006

Family						
Size	100%	120%	133%	135%	185%	200%
1	\$9,800	\$11,760	\$13,034	\$13,230	\$18,130	\$19,600
2	\$13,200	\$15,840	\$17,556	\$17,820	\$24,420	\$26,400
3	\$16,600		\$22,078		\$30,710	\$33,200
4	\$20,000		\$26,600		\$37,000	\$40,000
5	\$23,400		\$31,122		\$43,290	\$46,800

Note 1: SSI recipients are automatically eligible. Income limits are \$7,236 for a family of one and \$10,848 for a family of two.

Note 2: Adult Care home residents who receive state/county special assistance are automatically eligible. Income limit is \$13,962 for a family of one receiving Basic Adult Care Home services and \$18,726 for a family of one receiving Special Care Unit Services.

Note 3: Persons with income over the limit are eligible under the Medically Needy Program if their medical bills are high enough. The annual MNL is \$2,904 for a family of one and \$3,904 for a family of two.



Medicaid Eligibility Who Is Not Eligible For Medicaid?

- Individuals or families who do not qualify for one of the categories of eligibility and the income requirements
- Individuals or families who qualify for one of the categories of eligibility, but do not meet the income requirements (Can qualify under Medically Needy if medical expenses are high enough to meet spend-down requirements)
- Individuals or families who are low income or even have no income, but do not qualify for one of the categories of eligibility
- Categories of eligibility favor women and children, so men who are age 22-64 are least likely to qualify for Medicaid.



- John is a single male, age 24, who has been recently diagnosed with schizophrenia. He had a low-income job, but his mental illness has caused him to be fired. He needs treatment and medication, but has no health insurance.
- He does not qualify for Medicaid because he does not meet one of the categories of eligibility even though he has no income.
- He will qualify for Medicaid if he is determined to be disabled, but that process can take several years.



- Sarah is a single parent with two children, age 37, who is a drug addict. Her family qualifies for TANF payments, but her drug abuse has caused her children to be removed from her home. She wants treatment so she can get her children out of foster care.
- She does not qualify for Medicaid because her children have been placed in foster care.
- She will qualify for Medicaid when her children come home, but treatment is needed before they can return.



- David is a single male and homeless alcoholic, age 49, who wants to enter a detoxification program and begin recovering from his alcoholism. He does not qualify for any government payments like SSI, but has some income when he is sober enough to work.
- He does not qualify for Medicaid because he does not meet one of the categories of eligibility.
- Since he is homeless and lives in Wake County, he would qualify for services at The Healing Place, but many counties in NC do not have those kinds of programs.



- Jane is age 7 and she has been diagnosed with severe autism. Her family of four (two parents and two children) has an annual income of \$42,000 and basic health insurance that does not cover all the services that Jane needs.
- Even though Jane has been determined disabled, her family's income is too high for her to qualify for Medicaid or NC Health Choice.
- Jane would qualify for Medicaid if a CAP-MR/DD slot was available or if her parents chose to give up their parental rights and allow Social Services to have custody.



- Anna is a divorced homemaker, age 60, who is suffering from severe depression. Her children are grown and she has no income and no health insurance. She needs treatment and medication.
- She does not qualify for Medicaid because she does not meet one of the categories of eligibility even though she has no income.
- She will qualify for Medicaid if she is determined to be disabled, but that process can take several years. She will also qualify for Medicaid when she turns age 65.



- Mike is a single male, age 32, who is mentally ill and is receiving SSI and Medicaid since he has been determined disabled by his mental illness. His mental illness has responded to treatment and he wants to begin working again.
- Mike will lose his Medicaid if he earns enough income to cause him to lose his SSI payment.
- Starting in 2007, Mike can keep his Medicaid by paying a premium under the Ticket-To-Work Program.