

CATEGORY	INCOME COMPARED TO	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES
		1	2	1	2	
PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	100% FPL	N/A	1,293	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spend-down to become eligible for presumptive eligibility.
	200%FPL	N/A	2,585			
PREGNANT WOMEN	100% FPL	N/A	1,293	NO RESOURCE TEST		A woman determined eligible for Medicaid for any time during her pregnancy remains eligible for Medicaid coverage until the last day of the month in which the 60th day from the date the pregnancy ends occurs, regardless of any change in income or household composition. If the income is above 200% FPL the A/R must spend-down to the Medicaid income level. The baby will have guaranteed eligibility for one year.
	200%FPL	N/A	2,585			
CHILDREN UNDER ONE	200%FPL	1,915	2,585	NO RESOURCE TEST		If the income is above 200% FPL the A/R must spend-down to the Medicaid income level. One year guaranteed eligibility if mother is in receipt of Medicaid on delivery. Eligibility can be determined in the 3 months retro to obtain the one year
CHILDREN AGE 1 THROUGH 18	133% FPL	1,274	1,720	NO RESOURCE TEST		If the income is above 133% FPL the A/R must spenddown to the Medicaid income level.
UNDER 21, ADC-RELATED AND FNP	MEDICAID LEVEL	809	1,192	NO RESOURCE TEST		FNP parents cannot spenddown.
SINGLES/CHILDLESS COUPLES	MEDICAID STANDARD	759	947	NO RESOURCE TEST		The A/R cannot spend-down income.
LOW INCOME FAMILIES	MEDICAID STANDARD	759	947	NO RESOURCE TEST		The A/R cannot spend-down income.
SSI-RELATED	MEDICAID LEVEL	809	1,192	14,550	21,450	Household size is always one or two.
Qualified Medicare Beneficiary (QMB)	100%FPL	958	1,293	NO RESOURCE TEST		Medicare Part A & B, coinsurance, deductible and premium will be paid if eligible.
COBRA CONTINUATION COVERAGE	100%FPL	958	1,293	4,000	6,000	A/R may be eligible for Medicaid to pay the COBRA premium.
AIDS INSURANCE	185%FPL	1,772	2,392	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation.
QUALIFIED DISABLED & WORKING INDIVIDUAL	200%FPL	1,915	2,585	4,000	6,000	Medicaid will pay Medicare Part A premium.
SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMBS)	BETWEEN 100% BUT LESS THAN 120%	958	1,293	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,149	1,551			
QUALIFIED INDIVIDUALS (QI-1)	BETWEEN 120% BUT LESS THAN 135% FPL	1,149	1,551	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,293	1,745			
FAMILY HEALTH PLUS PARENTS LIVING WITH CHILDREN SINGLES/CHILDLESS COUPLES	150%	1,437	1,939	NO RESOURCE TEST		The A/R must be ineligible for Medicaid. The A/R cannot spend-down to become eligible for Family Health Plus.
	100%	958	1,293			
FAMILY PLANNING BENEFIT PROGRAM (FPBP)	200%	1,915	2,585	NO RESOURCE TEST		Provides Medicaid coverage for family planning services to persons with incomes at or below 200% FPL. Potentially eligible individuals will be screened for eligibility for Medicaid and FHPlus, unless they specifically request to be screened only for FPBP eligibility.
MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH DISABILITIES (MBI-WPD)	250%	2,394	3,232	20,000	30,000	A/R's with a net income that is at least 150% but at or below 250% FPL will pay a premium. Currently, there is a moratorium on premium payment collection. Otherwise countable retirement accounts are disregarded as resources effective 10/01/11.