

Medicaid Affordable Care Coverage Groups – Income Eligibility Standards 2017 (MAGI-based Income)	
Coverage Group	Family Income Limit Based on Federal Poverty Level (FPL) For Family Size
Children up to age 19	261%
Pregnant Women	253%
Parents/Caretakers	141%
ACA Adults 19 to 65*	133%
*Must not have Medicare or be eligible for otherwise eligible for Medicaid	
** Does not include 5% adjustment applied to applicants/beneficiaries at the limit	

Integrated Health Care Coverage Groups – Financial Eligibility Standards 2017 (SSI-related & Non-MAGI)		
Coverage Group	Income	Resources
Low-income Elders and adults with disabilities	100% FPL	\$4,000 (I) \$6,000 (C)
Refugee Medicaid Assistance (RMA)	200% FPL	None
Breast and Cervical Cancer Treatment	250% FPL	None
Sherlock Plan	250% FPL	\$10,000 (I) \$20,000 (C)
LTSS – SSI Pathway	SSI standard	\$2,000 (I) \$3,000 (C)
LTSS –ACA Pathway	133% FPL + 5%	NA
LTSS – Medically Needy Pathway	Above 300% of SSI level up to the cost of care	\$4,000 (I) \$6,000 (C)
LTSS -- Special Income/HCBS Pathway	Up to 300 % of the SSI level	\$4,000 (I) \$6,000 (C)

Medically Needy Financial Eligibility Standards – 2017		
Coverage Group	Spenddown level	Resources
Elders and Adults with Disabilities & Refugee Medicaid Assistance	\$ 883 (Individual) \$ 927 (Couple) Additional \$353 per person in the FRU	\$4,000 (Individual) \$6,000 (Couple)
Parents/Caretakers	146% FPL	None
Pregnant Women	258% FPL	None
Children Under Age 19	266% FPL	None
LTSS	The cost of long-term care	\$4,000

Medicare Premium Payment Program Pathways – 2017			
Coverage Group	Full or Partial Eligible	Income and Resource Limits Individual/Couple	Benefits
QMB	Partial Dual	100% FPL + \$20 \$1025 (I)/\$ 1,374 (C) Resources \$7,390 (I)/ \$ 11,090 (C)	Entitled to Medicare Part A and qualify for Medicaid payment of: Medicare Part A premiums (if needed) Medicare Part B premiums Certain premiums charged by Medicare Advantage plans Medicare deductibles, coinsurance, and copayments (except for nominal copayments in Part D, the Medicare drug program)
QMB +	Full Dual	100% FPL + \$20 \$1,025 (I)/\$ 1,374 (C) Resources \$4,000 (I)/ \$6,000 (C)	All of the above AND Medicaid health coverage
SLMB	Partial Dual	101-125% FPL +\$20 \$1,226(I) \$1,644 (C) Resources \$7,390 (I)/ \$ 11,090 (C)	Entitled to Medicare Part A and qualify for Medicaid payment of: Medicare Part B premiums
SLMB +	Full Dual	121-135% FPL +\$20 \$1,266(I)/ \$1,644 (C) Resources \$4,000 (I)/ \$6,000(C)	Same as above AND: Certain premiums charged by Medicare Advantage plans Medicare deductibles, coinsurance, and copayments (except for nominal copayments in Part D, the Medicare drug program) Full Medicaid Coverage
QI	Partial Dual	121-135% FPL +\$20 \$1,377(I)/ \$1,847 (C) Resources \$7,390 (I)/ \$ 11,090 (C)	Entitled to Medicare Part A and qualify for Medicaid payment of: Medicare Part B premiums
QWDI	Partial Dual	200% FPL +\$20 \$4,105 (I)/ \$5,499 (C) Resources \$7,390 (I) /\$ 11,090 (C)	Lost Medicare Part A benefits because of return to work but eligible to purchase Medicare Part A and qualify for Medicaid payment of: Medicare Part A premiums

Optional State Supplement Payment (SSP) Limits: 2017		
Living Arrangement	Individual	Couple
Living in a residential care and assisted living facility – SSP- Category D	LTSS 300% of SSI Level \$2,205 Community Medicaid -- \$1,067	Limited to Individuals Only
LTSS Living in a Community Support Living Program residence (assisted living or adult supportive care homes)– Category F	LTSS only \$2,205	Not Applicable
Living in own household	\$774.92	\$ 1,182.38
Living in household of another	\$542.06	\$ 832.84
Living in a Medicaid-funded Institution	\$30	\$60
Federal and State Supplement	\$50	\$100

Medicaid Eligibility Determination Timelines	
Coverage Group	Determination Timeline
MACC Groups	30 Days
Community Medicaid – Elders 65 and over	30 Days
Community Medicaid – Adults with Disabilities	90 Days
Sherlock Plan	If determination of disability has been made – 30 days If determination of disability or level of care is required – 90 days
Medically Needy – Persons with Disabilities	90 Days
Medically Needy – No Disability	30 Days
LTSS – All beneficiaries	90 Days