

Medicaid Eligibility Programs

Effective Jan. 1, 2026

Coverage for Aged, Blind or Disabled

| Category | Eligible Population | Monthly Income Limits | Resource Limits | Benefits |
|---|---|---|--|--|
| Aged, Blind or Disabled | Aged (65+), blind or totally and permanently disabled | 100% of federal poverty level (FPL): \$1,305 per individual or \$1,763 per couple | \$9,950 per individual, \$14,910 per couple | Medicaid benefits |
| Qualified Disabled Working Individuals | Disabled individuals who lost eligibility for Title II benefits and Social Security support of Medicare premiums because of wages | Countable income must be at or below 200% of FPL | \$4,000 per individual | Payment of monthly Medicare Part A premiums only, not eligible for other Medicaid benefits |
| Qualifying Individual | Must have Medicare Part A benefits | Income level must be greater than 120% of FPL and less than 135% of the FPL: \$1,761 for an individual, or \$2,380 for a couple | \$9,950 per individual, \$14,910 per couple | Medicare Part B premiums only, not eligible for other Medicaid benefits |
| Specified Low-income Medicare Beneficiary | Must have Medicare Part A benefits | Income level must be greater than 100% and less than 120% of FPL: \$1,565 per individual or \$2,115 per couple | \$9,950 per individual, \$14,910 per couple | Medicare Part B premiums only, not eligible for other Medicaid benefits |
| Supplemental Security Income (SSI) | Aged (65+), blind or totally and permanently disabled | \$994 per individual, \$1,491 per couple | \$2,000 per individual, \$3,000 per couple | A cash payment individual with no income receives \$994 per month, Medicaid benefits |
| SSI Pass-Along | Individuals who lost eligibility for SSI due to increase in receipt of certain Social Security benefits | Follows SSI limits once Social Security Administration benefit increase is disregarded | \$2,000 per individual, \$3,000 per couple | Medicaid benefits |
| TEFRA – Katie Beckett | Disabled children under age 19 who meet level of care required in ICF-ID facility, nursing facility or hospital | Parent's income is not counted, child's income limit is \$2,982 | \$2,000 per child (parent's income and resources not considered) | Medicaid benefits |
| Working Disabled | Under age 65, totally and permanently disabled and working | 250% of FPL: \$3,261 if it is a household of one AND the individual's unearned income must be at or below 100% of FPL: \$1,305 | \$9,950 per individual | Medicaid benefits |

| Coverage for Children and Families | | | | |
|------------------------------------|--|---|-----------------|---|
| Category | Eligible Population | Monthly Income Limits | Resource Limits | Benefits |
| Family Planning | Both men and women of any age are eligible if their income is at or below 199% of FPL | Family income cannot exceed 199% of FPL: \$5,331.54 for family of four | Not applicable | Family planning services, physical exam and certain screenings such as cholesterol and diabetes |
| Foster Children | Children under 21 years of age who reside in licensed foster homes or private child-care facilities supported in whole or in part by state or federal foster care board payments | Eligibility is generally established on an individual basis, income cannot exceed \$873.79 | Not applicable | Medicaid benefits, certain categories of children may also receive a cash payment |
| Former Foster Care | Individuals under the age of 26 who were also in foster care at the age of 18, cannot be eligible in any other Medicaid category | No limit | Not applicable | Medicaid benefits |
| Parent/Caretaker Relative | Low-income families with children under 18 years of age or under 19 years of age if attending a secondary school full-time | Based on family size, family income cannot exceed 67% of FPL: \$1,795.04 for a family of four | Not applicable | Medicaid benefits |
| Partners for Healthy Children | Low-income children up to age 19 if their family income is at or below 213% of federal poverty level | Based on family size, family income cannot exceed 213% of FPL: \$5,706.62 for family of four | Not applicable | Medicaid benefits for the qualifying children |
| Pregnant Women and Infants | Pregnant women and infants under age one | Based on family size, income cannot be more than 199% of FPL: 5,331.54 for family of four | Not applicable | Medicaid coverage for the pregnant woman for the duration of the pregnancy, including 12 months after the pregnancy ends, and for the child under age one |
| Transitional Medicaid | Individuals who lost eligibility for Parent Caretaker Relative (PCR) because of the earned income of the parent/caretaker(s) | Minimum of six months regardless of income, can be up to 24 months if earned income is less than or equal to 185% FPL | Not applicable | Medicaid benefits for up to two years beginning with the month of PCR ineligibility |

| Coverage for Long-term Care | | | | |
|---|--|---|------------------------|---|
| Category | Eligible Population | Monthly Income Limits | Resource Limits | Benefits |
| Home and Community-based Services (Waivers) | Aged, blind or disabled and determined to be medically in need of a nursing home care but chooses to remain at home, must require/receive at least one waived service for a minimum of 30 consecutive days | 300% of federal benefit rate (FBR) income limit: \$2,982 per individual | \$2,000 per individual | Medicaid benefits and home and community-based waiver services |
| MAO-Institutional | Aged, blind or disabled and determined to be medically in need of nursing home care and reside in an approved medical facility for at least 30 days | 300% of FBR income limit: \$2,982 per individual | \$2,000 per individual | Medicaid benefits and payment to the nursing home, individuals are required to pay part of their cost of care |
| Optional State Supplementation | Individuals residing in approved, licensed residential care homes who meet SSI eligibility requirements, except for income | \$1,804 per individual | \$2,000 per individual | Medicaid benefits and payments to the community residential care facility, individuals are required to pay part of their cost of care |
| Other Coverage | | | | |
| Category | Eligible Population | Monthly Income Limits | Resource Limits | Benefits |
| Breast and Cervical Cancer Program | Individuals diagnosed and in need of treatment for breast or cervical cancer or pre-cancerous lesions (CIN II/III) with no health insurance or insurance that does not pay for treatment of these conditions | 200% of FPL: \$2,609 for an individual | Not applicable | Medicaid benefits |